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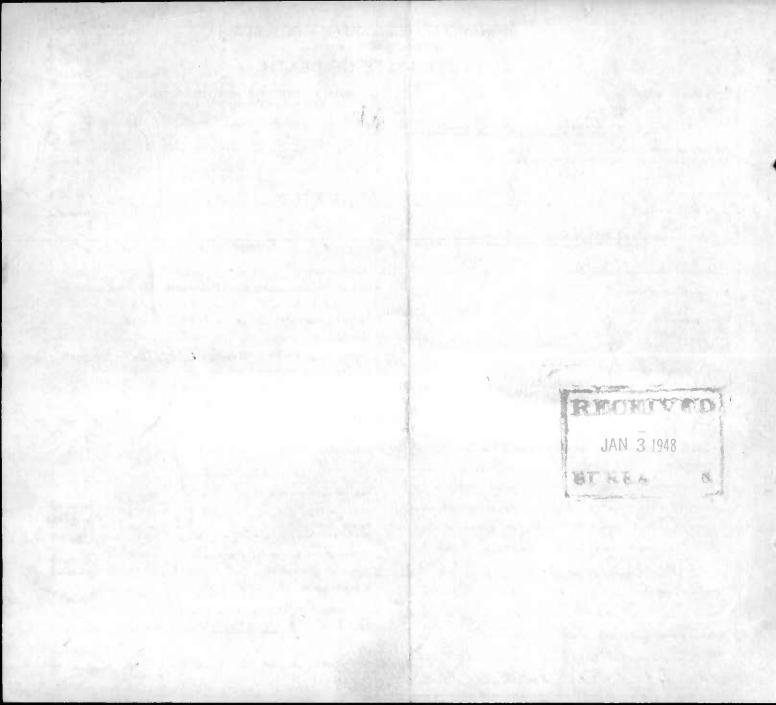
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

RTIFICATE OF DEATH

		10	700
g.	Diat.	No	9

CERTIFICAT	E OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County Carty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Many Couply Clean Couply Clip or town Echhart		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
miners Hospital	Street No		
How long in hospital or institution? 2 days	2.(a) If veteran, name war		
3. (a) FULL NAME C. A. Kathania alla	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White	20. DATE OF DEATH 12-30 19-47 21 12-15 A M		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12.3.0		
7. Birth date of	and that I last saw h Att alive on 1.2.29		
deceased (mo., day, yr.) October 29 1947 8. AGE: Years Months Days If less than one day	Immediate cause of death		
2 /min.	Bronchial-pneumonia 2 d.		
9. Birthplace (Town, fr. and state)	Oue to		
10. Usual occupation	Due to		
12. Name In a supply all 13. Birthplace E. Khalt val	Other conditions		
14. Maiden name Mary Frances Brooks	(Include pregnancy within 3 months of death) Major fiedings of operations.		
15. Birthplace Leakarille, n. Carolina	Major nodings of operations		
16. Informant Miss. Francis alla	Autopsy resolts.		
Address Chart mines me	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory.	Whers did injury occur? (City or town) (County) (State)		
Location Frostling marila &	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Missing of Injury Injured at work?		
Address Frottling manyland	23 SIGNATURE Grank T. Harrat Mr.		
19. 12 - 3 / 19 47 Mw Marty & Registrar	23. SIGNATURE Craw & M. D. or other Address & Cast Main St., Fostlang Date signed 12:31:47.		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10201

			. /
Reg.	Dist.	No.	 4

CERTIFICAT	E OF DEATH Reg. Diat. No4
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)
City or town	State and County allegany City or town Crushella A
How long in above place of death?	(If outside city or town limits crite 10 NAL and give nearest town) Sireel No. (If rural, give LOCATION) 2.(a) If yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Wesley a	uderson yone
4. Sex 5. Color of face (6.(a) Single, married, widowed, or divorced) Male While Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 47.218:00 A. M.
8.(b) Name of husband or wife Jenumah & . Hamilton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19.45 10. Dec 19.47
7. Birth date of 15 1874	and that I last saw h 1 m. alive on December 15 18 47
8. AGE: Years Months Days If less than one day	Immediate cause of death Myocarditis OURATION 2 yrs
73 /hrsmin.	
9. Sirthplace Zillian allegan Co Md.	Due 10 Arteriosclerosis
10. Usual occupation	Que fo
12. Name Eslevail anderson 13. Birthplace Carlos 2nd;	Other conditions Bronchial asthma 50 yrs
	(Include pregnancy within 3 months of death)
To maiger name	Major findings of operations.
16. Informant Mrs. Martha Stevens	Autopsy results not done.
Address 169 M. Center St-Curch Jud.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial (Burial, cremation, or removal Which?) Oate therefold (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory allegans Corneton	Where did injury occur?
Location Twistling and	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address 19 Dete rec'd by registrar) 18 4 7 W.A. Dallula, M. Registrar	23. SIGNATURE CONCESSOR M. D. orother Address Lumbelaul Md Bate signed 20 17-4

information carefully. The correct of death clearly and legibly. ESERVED FOR BINDING WITH UNFADING TNK. Supply every item of important. Physicians: please write the causes MARGIN PLAINLY, vis especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or staget address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fo Dewborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Walter Grafton	apple 3. (b) Social Security Number 705-09-4843
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced make married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 18 47, 21 7 3 24
6.(b) Name of husband or wife Annal Section Section 1.	21. I CENTIFY that death occurred on the date above stated: that I attracted deceased from
7. Sirth date of deceased (mo., day, yr.) April 28 1979 8. AGE: Years Months Days It less than one day	and that flast saw home. alive on 19 DURATION OF DURATION OF THE PROPERTY OF T
8. Birthplace Orleans Ond. (Town, county, and state)	Due to life Schen Hay
10. Usual occupation	Due to
12. Name Olarge Apple 13. Birthplace Orleans Ind	Diher conditions (Include pregnancy within 3 months of death)
14. Maiden name Hassies ashkuttle and	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Arris apple	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Bull Company Date thereof (menth) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Dellamanament Colm. Location Communication and Ind	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. Komis Stum 9nc.	Means of injury Injury at work?
19. 17-19. 19. 47. W.R. Transty, M. D. Registrar	23. SIGNATURE M. D. or other M. O. o



WITH UNFADING INK. Supply every item of information carefully. The correction important. Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.		
County ALLEGANY County ALLEGANY City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StaleMARYLAND County ALLEGANY City or lown (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME GEORGE A. ATHEY	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE MARRIED 6.(b) Name of husband or wife PEARL MATTHEWS.	MEDICAL CERTIFICATION 2D. DATE OF DEATH. DECEMBER 28 19. 47. at 12:131 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. 19. 28 19. 47		
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 76 76 76 76 76 76 76 76 76 7	and that I last saw h		
9. Birthplace MARYLAND. 1D. Usual occupation FARMER 11. Industry or business 12. Name. UPTOM ATHEY 13. Birthplace MARYLAND 14. Maiden name. Sarah E. (?) 15. Birthplace MARYLAND.	Due to		
16. Informant MEMORIAL HOSPITAL Address CUMBERLAMD, MARULAND. 17. Boria Date thereof Dec. 30, 1947. (Burial, cremation, or removal, Which?) (month) (dby) (year) Cemetery or crematory Davis Memorial Commetery. Localion Commercial Commetery. 18. Funeral director Ashard. Address Commetery. 19. Commeters and Mary Ashard.	Autopsy results		



CHARLES AND DESCRIPTION

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No.
A. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME Elisabeth Kohl Barners	3. (b) Social Security Num
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. Dellache 25 18 47 31
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. Birthplace Cumberland-Allegany-Maryland (Town, county-ynd state) 10. Usual occupation. Seath 3 tress 11. Industry or business Own	and that I last saw h. alive an Immediate cause of Jeath Carolina Statements
16. Interment Mrs. Newton Parrish Address 363 Bedford St, Comberland, Md, 17. Burial Cremation, or removal. Which?) Date thereof. December 27, 194 (Burial, cremation, or removal. Which?)	Actorsy results
Cemetery or crematory. Greenmount Competary Location. Competary 18. Funeral director. January Address Confidence Tuel.	Where did injury occur? (City or town) (County) (St Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. for other

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10705

	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For) ewborn infants give residence of mother) State
Hospital, institution, or street address where death occurred:	Street No. 2 4 8 R. Gentle 41. (If rural, give LOCATION)
3. (a) FULL NAME Gladus Commence	3. (b) Social Security Number
4. Sex 5. Color or race 6.49 Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 25 18 47, 21 4 2
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated; that I attended deceased from 19.4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 25	Immediate cause of death
9. Birthpiace Cown, eounty, and state)	Due to
11. Industry or business	Due to
12. Name	(Include pregnancy within 3 months of death)
14. Maiden name many & Friend on 15. Birthplace on 15. Birthplace	Major fiedings of operations
Address 248 M. Center Street.	Autopsy resolts
17. (Burial, cremation, of removal, Which?) Cemetery or crematory. (menth) (day) (year)	Accident, suicide, or homicide
18. Funeral director Romo Stew 2 mc	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Cumberland 18. De 24 19.47 Thate Charles (Date ree'd by registrar) Regis	23. SIGNATURE. SESSED M.D. or other strar Address 12/26/49/122 Beefind W.D. or other

BINDING FOR RESERVED MARGIN

ADING INK. Supply every item of information carefully. The cof Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

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eg.	Diat.	No		4	-	

CERTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
city or town rear) 839 Shriver Ave.	State Md. county Allegany		
City or town rear) 839 Shriver Ave a (If outside city or town)	Gamban land		
How long in above place of death? 2 DOILT 10 VOLTS	(If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred:	Street No. rear) 839 Shriver Ave.		
Jean 839 Shriver Ovenue	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Albert Frank Bechtel	The		
4. Sex 5. Color or race 8.(a)Single, married, widowed, ordivorced	MEDICAL CERTIFICATION		
\ ' \(\lambda_{\text{.}}	about		
male white manage	20. DATE DE DEATH		
8.(b) Name of husband or wife Plat married	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of Years	and that I last saw h im Dead Dec. 29 19.47		
deceased (mo., day, yr.) / (C-z) /, 1884	Immediate cause of death		
8. AGE: Years Months Days If less than one day	cerebral hemorrhage at once		
63 / 22min.			
	Due to shot himself with a 22		
9. Birthpiace (Town, county, and atate)	caliber rifle		
10. Usual occupation. Atwerens Warker			
	Due to		
11. Industry or business	0-174 1-0741 1-00-		
12. Name	Diher conditions failing health, about 1 year.		
	chronic myocarditis & bronchial asthma		
14. Maiden name Waterway 15. Birthplace			
E Constant	Major findings of operations.		
mail Paul Galdsworthy	Date of op		
16. Informant	Actorsy results		
Address 839 Liveur auc Cere Cumbelland, Vied			
17 Burest Date thereof Dic 31. 1947	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal. Which?) Date thereof (Month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory allegans and	Where did injury occur?		
Frank heles med	Injured at home, farm, Industry, public place (where?)		
Location	Means of Injury Shot himselfnine Injured at work 12-29-400		
18. Funeral director & limited alianate	Deputy of the Control		
Address Westerngart, ned.	23. SIGNATUREH. V. Deming M.D. H.V. Dowing M.D.		
19, Dec. 30 1947 WR- hang, Md			
(Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed 12-29-47		

MARGIN RESERVED FOR BINDING

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information carefully. The of death clearly and legibly

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10707

CERTIFICATE OF DEATH

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CERTITICA	Reg. Diat. No.		
PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Climberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md. County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 114 Potomac St.		
114 Potomac Street	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Diana Carol Reeman	3. (b) Social Security Number None		
Tiana Carol Reeman 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white single	MEDICAL CERTIFICATION about		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) June 16-1947	and that I last saw h. e.r. ally 6 a.d. Dec.		
8. AGE: Years Months Days If less than one day O 6 /4hrs. min.	Bronchiopneumonia & acute about trachea brochitis 2 days		
9. Birthplace	Due to		
12. Name Everett Beeman 13. Birthplace Ridgoley, W.Va. 14. Malden name Julia Beal 15. Birthplace Comberland, Md.	Other conditions Expulsive stomach contents (Include pregnancy within 3 months of death) Major fieldings of operations.		
16. Intermant Everett Beemon	Actorsy results		
Address / 4 Potomoc St. Cumber land. Md 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. United an Comptory.	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide		
Location Meyers dale Penna 18. Funeral director John J. Hufe	Injured at home, farm, industry, public place (where?) Meane of injury Medical Fizaminor injured at work? ogany Ogany		
Address Cumberland, Md. 19 Ale Construction of Man Manual Transfer of Manual Transfer of Registrary	23. SIGNATURE H. V. Deming M. D. H. V. Some M. D. Jer Address Cumberland Md. Date signed 12-30-4		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany			State Maryland county Allegany				
City or town (If outside city or town limits, write RURAL and give nearest town)			D	Present Combonland			
How long in above place of death?				City or town (If outside city or town lin	mits, write RURAL and give n	nearest town)	
Hospital, Institution,	or street address where	death occurre	d:	Street No. R. D. #3 Bowma	ns Addition		
4.0000000000000000000000000000000000000	Allegan	y Hos	pital		give LOCATION)		
How long in hospital	or institution?			2.(a) if veteran, name war			
3. (a) FULL NAM	ME		•		3. (b) Social Securit	y Number	
	Calv	in We	sley Berry		None		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Mala	Whateo	a	ingle	20. DATE OF DEATH	28 47	2:25A	
Male_	White	1 0	THETE				
6.(b) Name of husbar	nd or wife			21. I CERTIFY that death occurred on the date	above stated; that I attended de	ceased from	
		6.0	(c) tl ailve, give ageyea	Dec 27	19./to	19.	
7. Birth date of	-			and that I last saw it			
deceased (mo., day	r, yr.) Outle	Days		Immediate cause of death		DURATION	
S. AGE:	6	12		n. Lobal pros	- oue		
	Cumberlan	1	1	Oue to.	± + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	*****	
9. Birthplace	Cumberlan (Town,	eounty, and	state)	Uue to	***************************************		
10. Usual occupation	None		***************************************		***************************************		
		****************	***************************************	Due to	***************************************		
11. industry or busin		2.43-			***************************************		
图 12. Name	enjamin s	mith	* * * * * * * * * * * * * * * * * * *	Dther conditions			
	Petersb			(Include pregnancy within	n 2 months of death)		
₩ 14 Maiden nam	Adelin Flints Mrs. Adel	e Cro	we	Major findings of operations			
TO IT STATES	Flints	tone	Md.				
21 15. Birthglace	Mag Adel	ine	nowe	Autopsy results Laborat	/40		
16. Informant	MIS. MUCI	THE C	T OWE	PHYSICIAN: Please underline the cause to	o which death should be charge	ed statistically.	
	D.#3 Cumb			- THOUSENESS III doubt was due to entered			
Bu Bu	rial	Date the	reof Dec. 36,1947 (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremati	on, or removal. Which?)	(month) (day) (year)	Accident, Suicide, or nomicide			
Cemetery or crematory Zion Memorial Cem.				Where did injury occur?(City or tow			
Location	Cumbe	rland	Md.	tnjured at home, farm, industry, public place	(where?)		
			George	Means of Injury	Injured at work?	, -	
	Cumb			Lavelle	66	Lus	
Address		/	1 + 1	23. SIGNATURE		D. or other	
19 Sec.	30 19 47	U.	M- Draus MI	D car Bedford			
Date rec'd by	(Date rec'd by registrar) Registrar			Address (22 12d-100) T Qate signed 12/28/47			



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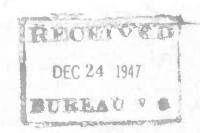
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MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

			2411 N. Ch	arles St., Baltimore	1220		1
/			CERTIFICA	TE OF DEA	ГН	Reg. Dist. No	3.4
1. PLACE OF DE	A 7	legany		(For newborn in:	NCE (HOME) Of fants give residence of i	mother)	
County			State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 540 Fairview Ave (If rural, give LOCATION)			rest town)	
How long In hospital	or institution?	ll Days		2.(a) It veteran, name w	,		
3. (a) FULL NAM	IE	th Biller	,			3. (b) Social Security I	Number
4. Sex	5. Color or race	6.(a)Single, married	, widowed, or divorced		MEDICAL CE	ERT!FICATION	
Female	White	Mar	ried	20, DATE OF DEATH	December	19 19.47	at 3-10 A
	d or wife Pres		give age 65 ye	21. I CERTIFY that deat	h occurred on the date abo	ive stated; that I attended decea	sed from
deceased (mo., day,	yr.) deces	wher 25		and that I last saw h	alive on	12/18/47	19
8. AGE: Yea 60	11	0.0	hrsn	in I	•		
10. Usual occupation 11. Industry or busine	(Town,	county, and state) House	n Co, W. Va	Due to	wanic h	•	
HIOW 13. Birthplace 14. Maiden name 15. Birthplace	Mary	F. Sinclai	r	Major findings of oper	de pregnancy within 3 r	death) Leverine Re Date of op. 12.	mia -
16. Informant		Biller		Autopsy results	uderline the cause to w	hich death should be charged	statistically.
ti. Bur	ial on, or removal. Which? story	Date thereot	12/21/47 (month) (day) (year) 1 Park	Accident, suicide, or ho	?(City or town)	(County)	(State)
Location	w41	mberland, N Liam H. Kie		Injured at home, farm, Means of Injury	Industry, pub ^{li} c piace (w	Injured at work?	
Address 19. Oate rec'd by	Cumberla	and Ma	Loule M	23. SIGNATURE	Leculary.	M. D. o	or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

..... CountyALLEGANY

				Keg. Dist.		
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State MARYLAND County AL City or town WESTERNPORT MD (If outside city or town limits, write RURAL a Street No. 105 MAIN ST. 9 (If rural, give LOCATION)		
		T.H.T.m.	······································	2.(d) If veteran, name war		
3. (a) FULL NAME	EV BRASHI	FAR		3. (b) Social S 216-07		
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE	WHITE		ARRIED	20. DATE OF DEATH DEC. 8		
6.(b) Name of husband 7. Birth date of deceased (mo., day, y			KSON BRASHEAR If alive, give age 38yea	21. I CERTIFY that death occurred on the date above stated; that I attend		
8. AGE: Years 50	Months	Days	If less than one day	from nep		
9. BirthplaceWeste 10. Usual occupation 11. Industry or business 12. Name EDE 13. Birthplace	Mechanic Garage N BRASHE	AR	Maryland	Due to		
14. Maiden Aname. 15. Birthplace	AUDAZ DUC		H ernport, Mary la	Major findings of operations.		
16. Informant Cur	mberland, l	***************************************	Kurt	Antopsy results		
17(Hurial, cremation.	De o	Date There	of Sic 11, 194 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide		
Location	Leter	uga.	1 Moral	Injured al home, farm, Industry, public place (where?)		
18. Funeral director	lester		it mil	2 Thisile		
19 Cec (Date rec'd by re	() 19 4 7	fer	R. Frantz, M.L.	23. SIGNATURE		

WESTERNPORT, MD (If outside city or town limits, write RURAL and give nearest town) MAIN ST., (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 47 ,2:00P M LIFK that death occurred on the date above stated; (Include pregnancy within a months of death) dings of operations. AN: Please underline the cause to which death should he charged statistically.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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3. (b) Social Security Number

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WRITE

PLEASE

DR.	SCHINDLER
DR.	FAW

1. PLACE OF DEATH: ALLEGANY

Hospital, institution, or street address where death occurred:

CERTIFIC	ATE	OF	DEA	HTA
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1	2. USUAL RESIDENCE (HOME) OF DECEASED:
ŀ	(For newborn infalts give residence of mother)
	Summer County Gentle / Leaford
ŀ	BOLLO BURNE BEAUGE CON
ı	City or town(If outside city or town limits, write RURAL and give nearest town)
١	the other city of to the shirts, there is a second and give near the same
1	Street No.
1	(If rural, give LOCATION)
İ	2.(a) If veteran, name war

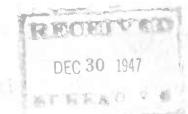
3. (a)	FUL	L	NA	ME

BRIDGES, MILDRED	MISS	
5. Color or race	6.(a) Single, married, widowed, or divo	rc

MEMORIAL HOSPITAL

	CERTIFICATION
	24 19 47 21 11:2:
Nez. 24	e above stated; that latended deceased from
	les. L4 194
Immediate cause of death	un 5-76 cm
Due to	
Dther conditions	
(Include pregnancy with	in 3 months of death)
Major findings of operations	
	Date of op.
PHYSICIAN: Please noderline the cause	to which death should he charged statistically.
22. VIOLENCE: If death was due to extern	al causes, fill in the following;
	Date of
	wn) (County) (State)
Injured at home, farm, Industry, public place	e (where?)
Means of Injury	Injured at work?

4. Sex	5. Color or race	6.(a) Single, n	narried, widowed	, or alvorcea		
FEMALE WHITE		SINGLE				
	d or wife				••••	
7. Birth date of deceased (mo., day	, yr.) FEBRUA			ус	ars	
8. AGE: Yea	Months	Days ZO	If lexs than on	e day	nin.	
9. Birthplace		county and sta	Co.	***************************************		
1D. Usual occupation		*				
12. Name	CHARLES BRI PENNA.	DGES Budlo	vd C.	,		
14. Maiden nam 15. Birthplace	ANNA ROE	Chine				
16. InformantC	haves D#2	Bridge		m 8.		
17(Burial, crematic	on, or removal. Which	Date thereof	De (month)	(day) (year)	l] en	
Cometery or crema	Bedys		egtord	Vac. 471. A		
18. Funeral director	Colour	000	Win O	***************************************	••••	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

CERTIFI	CAT	FOF	DEATH
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2. USUAL RESIDENCE (HOME) OF D	ECEASED:	
2/1	ther)	
State County	Maga	N
City or town limits, w	rite RURAL and give near	est town)
Street No.	V	5
(If rural, give LO	CATION)	***************************************
2.(a) If veteran, name war	***************************************	***************************************
	3. (b) Social Security N	lumber
	214-07-	6249
MEDICAL CER	TIFICATION	
20. DATE OF DEATH See 2	1947	12 2P
21. I CERTIFY that death occurred on the date above s	tated; that I attended deceas	sed from
19	10	19
and that I tast saw h / M alve la Ad	Drc 28	10147
Immediate cause of death		DIRATION
Coronary ocalis	eron.	A COURTOR

Que to	***************************************	***************************************
one to	***************************************	****************
Due to	***************************************	***************************************
Other conditions	***************************************	
(Include pregnancy within 3 mont	hs of death)	
Major findings of operations		
	Date of op	
Antopsy results	death should be charged st	atistically.
22. VIOLENCE: If death was due to external causes,		
Accident, suicide, or homicide.		******
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (where?)		State)
· · · · · · · · · · · · · · · · · · ·	injured at work?	
Meens of Injury Medical Examin	per - Allega	iny Co
St. W. Nami	- 216)	-, 00
23. SIGNATURE	M. D. or	other
Address in buland	Date signed /	2-28/47

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1. PLACE OF DEATH: County. A Protection of the County of How long in above place of death?... Mospital, institution, or street address where death occurred: How long to hospital or Institution? 3. (a) FULL NAME .6.(c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months If less than one day 1D. Usual occupation. 11. Industry or business 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name 16, Interment. Address (month) (day) (year) (Barial, cremation, or removal Which?) 1B. Funeral director... Address (Date rec'd by registrar)



information carefully, of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County County County County County Clif outside city or town limits, write RURAL and give nearest town) Street No. 3
3. (a) FULL NAME John a. Carana	3. (b) Social Security Number
4. Sax 5. Coloror race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DIE 21 1947, 21 5 A
8. AGE: Years Months Days If less than one day Months Mo	Immediate cause of death Cerebral Yas cular acident 5 day
9. Birthpiace (Town, county, and atate) 10. Usual occupation (Town, county, and atate) 11. Industry or business 12. Name (Town, county, and atate)	Due to Dennalized On franschussis Zya Dither conditions
14. Maiden name Anna Dyer 15. Birthpiace Orland. 16. Interment Jos Inschael Barnangh.	(Include pregnancy within 3 months of death) Major fieldings of operations
Address 17. Brink Bate thereof Date (month) (day) (year) Cemetery or crematory Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director 2000 Stern 9 10 Address Combulard 18. Funeral director 2000 Stern 9 10 (Date rec'd by registrar) Registrar Registrar	Means of injury Injured at work? 23. SIGNATURE. M. D. or other Address 11.0 3 - Cent file 5 +

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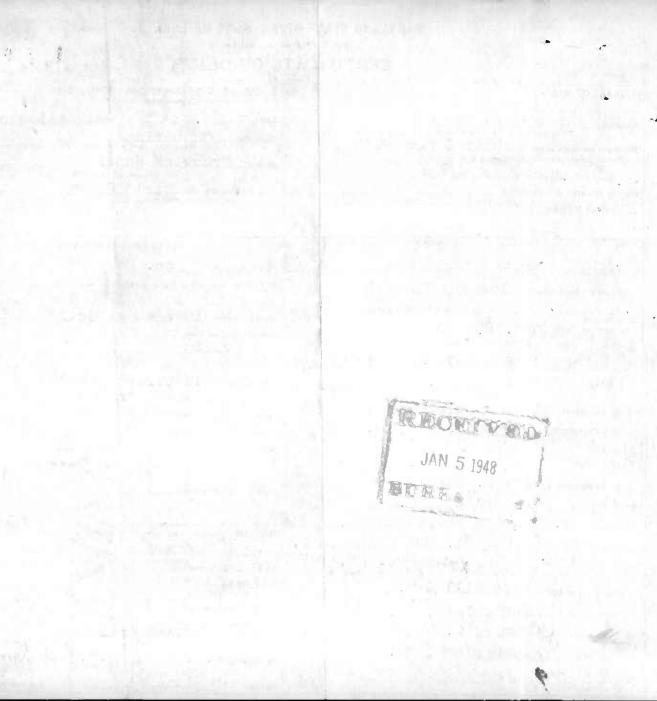
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

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See	Hospital, Institution,	A A A ANTE	No-	tel	Street No. Brunwick Hotel		
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18 Sell 7 18 47 W. Stauts M. D. or other Registrar Regis	Address Cumberland, Md.			Md.	U V Demine W D W/X	20 D.	
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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		St., Baltimore	138 11	0715 /
/	ERTIFICAT	E OF DEATH	Reg. D	iat. No.
1. PLACE OF DEATH: County		State	OME) OF DECEASED residence of mother) County Count	egany
How long In hospital or institution?		2.(a) 11 veteran, name war	If rural, give LOCATION)	
3. (a) FULL NAME Catherine	Louise &	Blarke	3. (b) Soci	al Security Number
Female White Hidre	dowed, or divorced	20. DATE OF DEATH. Dec	OICAL CERTIFICA	
6.(b) Name of husband or wife	lanke ve age years	21. I CERTIFY that death occurred	15 19.47 to	attended deceased from
T. Birth date of deceased (mo., day, yr.) Och 6, 1881	han one day	and that I last saw halive	on 2	
8. AGE: Years Months Days If less to		gayr	Low 27	tarinta -
9. Birlhplace (Town, county, and atate)	ord.	Due to.	C Palu	7)
10. Usual occupation	•	Due 10.		
12. Name Casher Robinson 13. Birthplace and		Other conditions	ncy within 3 months of death	
14. Maiden name natilds Christ 15. Birthplace	ar!	Major findings of operations		***************************************
16. Informant Stranger Star Standelling	er);	Antopsy results		
17	onth) (day) (ygar)	22. VIOLENCE: II death was due Accident, suicide, or homicide		Oate 01
Location Le sand Links and	mis am	Where did injury occur?((ublic place (where?)	
16. Funeral director	2ne	Means of Injury	Injured	s at work?
18 (Date rec'd by registrat)	April M. A. Registrar	23. SIGNATURE	rlowd	M. D. or other



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

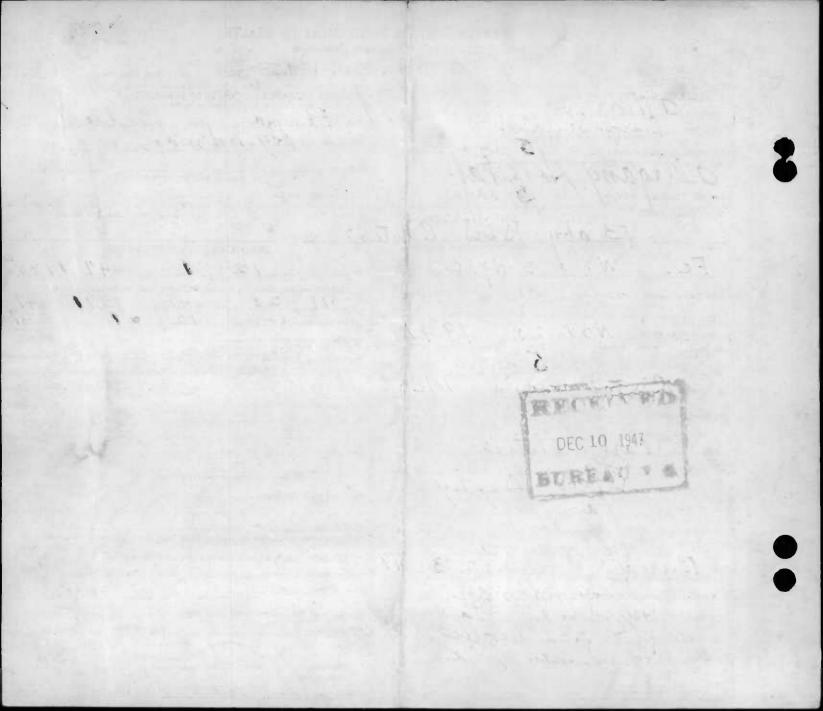
2411 N. Charles St., Baltimore

10716

CERTIFICATE OF DEATH

Reg. Dist. No.

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	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		State Fennya county Bedford	
	City or town	City or town	m)
	Hospital, institution, or street address where death occurred:	Street No.	
	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if veieran, name war	V
	3. (a) FULL NAME Martha Jane Olites	3. (b) Social Security Number	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	s) - Lum / Rone	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5.1 N 9.1 C	MEDICAL CERTIFICATION	
	- FC. W. 1 3/1/9/0		/30 w
	6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decear of from	19. 47.
	7. Birth date of V 9 8 19 11 7	and that I last saw h. R. F. alive on	19 47
	8. AGE: Years Months Days it less than one day	Immediate cause of death	URATION
	4hrsmin.	atelectasis =	
	9. Birthpiace (Town, county, and state)	Due to	
	10. Usual occupation	Que to	
	11. Industry or business		***************
	12. Name PAU LUIS 13. Birthplace PA	Other conditions	
		(Include pregnancy within 3 months of death)	
	14. Malden name Devis Lugsley 15. Birthplace	Major findings of operations	
	16. Interment Carl Clites	Autopsy results	
	Address Handman Ba.	PHYSICIAN: Please underline the cause to which death should be charged statistical	lly.
	17. Burial, cremation, or removal. Which?) Date thereol. 2 4 7 (month) (day) (year)	VIOLENCE: If death was due to external causes, IIII in the following: Accident, suicide, or homicide	
	Cemetery or crematory Ayy management	Where did Injury occur? (City or town) (County) (State)	
1	Location Hynglynan, Og.	Injured at home, farm, Industry, public place (where?)	
	18. Funeral director, A. L.	Means of Injury Injured at work?	7
	Address My namen Joh.	23. SIGNATURE The A topper in	_
	19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Address Date signed 12	3 V7
-	I TEMPORAL LOCAL DIVINGRALIST / MCGISCERT /	AUUI CAS WAIC OISTICU A. WILLIAM CO. C.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10717

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Alegany City or town County Alegany (If outside city or town limits, write RURAL and give nearest town) Street No. 745 Fayette St. (If oural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Mary Ann Collins	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife San ford W. Collins 6.(c) If alive, give age 70 years 7. Birth date of deceased (mo., day, yr.) Tanuary 22,1884	21. Lethify that death occurred on the date above stated; that I alternded daceased from 19 1 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 63 10 24	Immediate cannot death. Ouration June J
9. Birthplace Bedford Co. Town, county, and state) 10. Usual occupation Howe Trife 11. Industry or business Own home 12. Name David Meck 5 13. Birthplace W. Vo.	Due to
14. Malden name Lucretia Sowers 15. Birthplace Artemas, Pa. 16. Informant Jan Ford W. Collins	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 745 Fayette St., Comperland, Md. 17. Burial Cremation, or removal Which?) Cemetery or crematory Rose Hill Mansoleum	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Compact land, Md. 18. Funeral director for frag 9 1 Hofee Address Culpbulled Tous	Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?
19 Dec 18 47 W.R. Frantz, M. L. (Date rec'd by registrar) Registrar	Address in the reland M. D. or other M. D. or other Date signed 417/47





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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10718

8. (b) Name of husband or wife 1. Birth date of deceased (ron., day, yr.) Aug. 22-1947 8. AGE: Years Months 923 If less than one day hrs. 9. Birthplace Cumberland Md On 3 hrs. 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name. Harrison Jefferson Combs Sr 13. Birthplace Greenpoint Md 13. Birthplace Cumberland Md 14. Maiden name. Eleanor Bucklew 15. Birthplace Cumberland Md 16. Informant Mrs. Eleanor B. Combs Address R. F. D. Mt. Savage Road Md 16. Informant Mrs. Eleanor Bucklew Date thereof (month) (day) /(ydar) (month) (day) /(ydar) (Country) (Country) (Country) (Country) (State) (City or town) (Country) (State)	CERTIFICAT	E OF DEATH Reg. Dist. No.
City or town. RURAL D. REAR Cumber Planted Mark Which Country to two minute write the Charles of the Country of two two minutes write the Charles of the Country of two two minutes write the Charles of the City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. City or town Rural Dream Barrel. Sylle Md. Street Md. City or town Rural Dream Rural Rural Sylve LOCATION) Street Md. Street Md. City or town Rural Dream Rural Rural Sylve Location Sylve Rural		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
3. (a) FULL NAME Richard Lee Combs 8. (b) Single married, widowed, or diverced male white single 8. (c) Hame of husband or wife 8. (d) Hame of husband or wife 9. (e) Hame of husband or wife 10. Usual occupation. 11. Industry or business 12. Name. Harrison Jefferson Combs Sr. 13. Birthplace Greenpoint Md. 14. Maiden name. Eleanor Bucklew. 15. Birthplace Cumberland Md. 16. Informant Mrs. Eleanor B. Combs. Meters R. F. D. Mt. Savage Road Md. 16. Informant Mrs. Eleanor B. Combs. Meters R. F. D. Mt. Savage Road Md. 16. Informant Mrs. Eleanor B. Combs. Date they or cremation, or remover within a months of death) Date they or cremation, or remover within a months of death) Date of op. Actively results as above business 17. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Madical Examination in the following: Accident, suicide, or homicide. 18. Accident, suicide, or homicide. 19. State) 19. Maidens of operations. 20. Violence: If each was due to external causes, fill in the following: Accident, suicide, or homicide. 19. State) 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry, public place (where?) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury and cast Examination in the following: Maddress Accident, suicide, or homicide. 22. Violence: Examination in the following: Maddress Accident, suicide, or homicide. 23. Signatures H. V. D. P. M. D. M.	City or town. rural near Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? I month Hospital, institution, or street address where death occurred: Died in route to Allegany Hospital	City or town Rural near Barrelsville Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Richard Lee Combs 8. (a) Single Scolor or race Sco		2.(a) If veteran, name war
Set S. Cohror rece R. (a) Single married, widowed, or diversed male white single		
male white single 8. (6) Name of husband or wife 8. (6) Wanne of husband or wife 10. Birth date of decreased (mo. day, y.) Aug. 22-1947 8. AGE: Vears Menths 9 ars Hites than one day hrs. min. 9. Birthplace. Cumberland Md. 6 and state) 10. Usual occupation. 11. Industry or business 12. Name. Harrison Jefferson Combs. Sr. 13. Birthplace Greenpoint Md. 14. Maiden name. Eleanor Bucklew 15. Birthplace Cumberland Md. 15. Informant Mrs. Eleanor Becombs. 15. Birthplace Cumberland Md. 16. Informant Mrs. Eleanor Bucklew 16. Informant Mrs. Eleanor Bucklew 17. Birthplace Cumberland Md. 18. Autopy result. 28. Birthplace Cumberland Md. 19. Autopy result. 28. Birthplace Cumberland Md. 19. Autopy result. 28. Birthplace Cumberland Md. 19. Informant Mrs. Eleanor Bucklew 18. Funeral director (month) (duay) (year) 18. Funeral director (complex) Withyr) 18. Funeral director (month) (duay) (year) 18. Funeral director (month) (duay) (year) 18. Funeral director (month) (duay) (year) 19. Separations (month) (duay) (year) 20. Separations (month) (duay) (year) 21. Separations (month) (duay) (year) 22. Violence: If death was due to external causes, fill in the following: (diay to which death should be charged statistically, Means of highty 22. Separations (month) (duay) (year) 23. Separations (month) (duay) (year) 24. Separations (month) (duay) (year) 25. Separatio	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
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9. Birthplace. Cumberland Md. 9. Birthplace Cumberland Md. 10. Usual occupation. 11. Industry or business 12. Name. Harrison Jefferson Combs Sr. 13. Birthplace Greenpoint Md. 14. Maiden name. Eleanor. Bucklew. 15. Informant. Mrs. Eleanor. Bucklew. Address R.F.D. Mt.Savage Road. 16. Informant. Mrs. Eleanor. B.C.ombs. Address R.F.D. Mt.Savage Road. 17. (Burial, cremation, of remoyal within) Date thereof (month) (day) (year) Cemetery or crematory. Location. Location. Address	T. Birth date of deceased (mo., day, yr.) Aug. 22-1947	and that I last saw h. im all Dead Dec. 4 19.47 Immediate cause of death OURATION
10. Usual occupation		Oue to Bronchial obstruction due
13. Birthplace Greenpoint Md. 14. Malden nameEleanorBucklew 15. Birthplace Cumberland Md. 16. InformantMrsEleanorBCombs Address R.F.D. Mt. Savage Road Md. 17. Dulling cremation, or removal. Writh: Cemetery or crematory		*** of the lungs, septicemia &
Address R.F.D. Mt. Savage Road Md. 17. District of removes with 19 19 17 (month) (day) (year) Cemetery or crematory. Date thereof (month) (day) (year) Location (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meane of Injury Me	33. Birthplace Greenpoint Md.	(Include pregnancy within 3 months of death) Major fiadings of operations.
Address R. F. D. Mt. Savage Road Md. 11. D. M. L. Savage Road Md. 12. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		Antoney results as above
Address Combestand, Md. 22 SIGNATURE H. V. Deming M. D. H. V. Deming M.	Date thereof (month) (liay) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date signed 12-4-4	18. Funeral director. John J. Hakes Address 19. Ples: 8, 19. 47 Wh. Accusta M.S.	Deputy Medical Examiner - Allegany 05



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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg	Dist.	No			4

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) ALLEGANY State WEST VIRGINIA COUNTY HAMPSHIRE (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: MEMORIAL HOSPITSAL (If rural, give LOCATION) How long in hospital or institution? 2 MONTHS 11 DAYS 3. (a) FULL NAME 3. (b) Social Security Number MRS. BESSIE CRABTREE 5. Cojor or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARRIED FEMALE 20. DATE OF DEATH DECEMBER 24, 1947 19 ...7:50 Pm WILLIAM CRABTREE MARCH 2. deceased (mo., day, yr.) If less than one day Months R AGE. Years WEST VIRGINIA (Town, county, and state) 10. Usual occupation HOUSEWIFE 11. Industry or business 12. NameA 12. Name ARTHUR COOPER WEST VIRGINIA (Include pregnancy within 3 months of death) MARTE HOOVER Major findings of operations..... S 15. Birthplace WEST VIRGINIA MEMORIAL HOSPITAL PHYSICIAN: Please underline the caose to which death shoold be charged statistically. CUMBERLAND, MARYLAND Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10720 Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegan	(For newborn infants give residence of mother)
City or town	State County College
How long in above place of death? 4.0 4.0	(If outside city or town innits) write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred;	Sireet No. 12 Euclid Place.
12 Euclid Olace	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Sogial Security Number
Um Francis	Davie Mul
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH See 11 19 49 31 7/30 A
6, (b) Name of husband or wife Release 7. Proffitt	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Walle of husband of wife	2/15/47/18 , 10: /2/11/119/
7. Birth date of deceased (mo., day, yr.) Oct 4, 1873	and that last saw halive on
8. AGE: Years Months Days If less than one day	Immadiate cause of death
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Pul Morana Ca Tud	
9. Birthplace (Town, coonty, and atole)	Due 10.
10. Usual occupation January Workel	and below from for front to be to be for for the state of
11. industry or business Ilrica Tamiens Co.	Due to
12. Name Doane Downson	Other coddlines
13. Birthplace	Diher conditions
	(include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Mus Wu + Davis	Autopsy results
Address / 2 Euclis Blace - Cumb Mrd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bota Harred Dec. 14, 1947	22. VIOLENCE: If death was due to external causes, fill in tha following:
(Burial, cremation, or removal, Which?) Date thereof. Desc. 14, 1947. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Zion Memorial Pork	Where did injury occur?
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director John J. Haler:	Means of injury injured at work?
(N) 0 0 4	(KIMIN).
Address Chubbleland Md.	23-SIGNATURE / / / / / / / / / / / / / / / / / / /
19. Acc 13 18 47 Well Drawing M. D. (Date rec'd by registrar)	hadron et Miller Cumber M. D. or other M.

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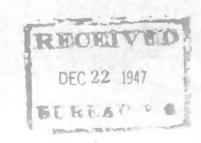
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CERTIFICATE OF DEATH

	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No.
County Clity or town. (If outside citt or town limits, first RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. State. City or town. (If pushed eith or town limits, write FURAL agrative nearest fown) Street No.
How long in hospital or institution? 20048	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Mana & Siller	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fiemale White Widowed	20. DATE DE DEATH 12 - 15 19 47 at 939
5.(6) Name of husband or wife John Silfer Special States of deceased (mo., day, yr.) Arrage 29 1880	21. I CERTIFY that death occurred on the date above stated; Ihat I attended deceased from 12-14-1947, fo. 12-15-194. and that I last saw h. A. alive on 12-15-194. Immediate cause of death
8. AGE: Years Months 3 Days If Test than one day hrs	Toxic Myocardilis 3d
9. Birthplace (Town, eounty and state) 10. Usual occupation (Town, eounty and state)	grippe Due to.
11. Industry or business Charles Armel 12. Name Canaly Alexand 13. Birtholace Academy	Other conditions Bronchial asthus 30;
14. Maiden name Mary Devenu 15. Birthplace . A heland,	(Include pregnancy within 3 months of death)
E 15. Birthplace. Deland,	Qate of op.
16. Informant Mus. James James James	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Longoning Mal	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof Amounts (Burial, crematory) Cemetery or crematory	Accident, suicide, or homicide
Location leurn berland, Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Jsichhorn	Means of injury Injured at work?
Address Laconing, you	23. SIGNATURE Truck 1. Charat M. D. or other
19 /2-17 1947 MW Callly X. NOE (Date rec'd by registrar) Registr	ar Addres 59 E. Main ST. drottingate signed 12-1

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le PLEASE WRITE



WITH UNFADINGINK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEAPH?	2. USUAL RESIDENCE (HOME) OF DECEASED
County	Whent 9/1 Mandal
City or town (If outside/eity or town limits, write RURAL and give nearest town)	R. Alux Janiles
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Harrison are
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL MANE	3. (b) Social Security Number
daura Mainea	sycke toxe
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. W Marsied	20. DATE OF DEATH. December 16, 19. 47, 21. M
6,(b) Name of husband or wife Frank Alyces.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If albe, give ageyears	3-67, 1946 to DAS/9-194/
7. Birth date of	and that I last saw harmalive on above 1947
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days IT less than one day	
10 50 D' D M. 1/4	(Carting College)
9. Birthplace (Lown, county, and atate)	Oue to.
10. Usual occupation Adversary	Partironal Som
11. Industry or business	Oue to.
	Other conditions.
12. Name feler mende	
El Janile Colonila	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
El 15. Birthplace	Date of op.
16. informant 1000 Suy July	Antopsy results
Address Curlelland Ind	22. VIOLENCE: If death was due to external causes, till in the following;
17 Demand & Quid bete thereof 12/19/1947	Accident, suicide, or homicide
(Barial, cremation, or removal. Which?) (month) (day) (year)	Recipioni, and all the second of the second
Cemetery or crematory.	Where did injury occur?
Location Oli Cluf X Dring 1100.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lunter form ocal Bond	Means of Injury Injured at work?
Address Berbley Louis Was.	coul. Lured
Dec in The Total	23. SIGNATURE
(Date ree'd by registrar) (Date ree'd by registrar)	Address Date signed / 17/47



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MARYLAND STATE DEPARTMENT OF HEALTH

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MA MA	2411 N. Charles St., Baltimore CERTIFICATE OF DEATI	H 107234
1. PLACE OF DEATH: County	(For flawborn infant	
3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security Number
4. Sex 5. Color or race (T.(a) Symple, married	ted, Mowed, or divorced 20. DATE DE DEATH	MEDICAL CERTIFICATION Oca 15 1947, at 9
o. AGE:	less than one day less than one day less than one day	
9. Birthplace	Oue to.	
10. Usual occupation	Due to	
13. Birthplace Comment	terland Ind (Include)	pregnancy within 3 months of death)
14. Maiden name Styling Laran 15. Birthplace Gerra 16. Intormant June Cellia Al	rishs Antonay results.	Time the cause to which death should be charged statistics
Address 17	22. VIOLENCE: If death w (mogth) (glay) (year) Accident, suicide, or homici	vas due to external causes, fill in the following; Ide Date of
Location Cemetery or crematory Complexity	where did injury occur? Injured at home, farm, Indu Proces	(City or town) (County) (State ustry, public place (where?) [Injured at work?]
Address 6 smbs.land	23. SIGNATURE B	m Schwidler

Dr Schindler



Female White Married

6.(6) Name of husband or wife James Edward Fazenbaker

6.(c) It alive, give age 74

T. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days It less than one day

67 7 1 hrs. min.

9. Birthplace Mt Savage Allegany, Maryland

10. Usual occupation. Domestic

11. Industry or business Own home

12. Name Thomas Evans

13. Birthplace Mt Savage, Maryland

14. Maiden name Jane Hostller

15. Birthplace Mt Savage, Maryland

16. Intormant Mr Arthur Fazenbaker

16. Intormant Mr Arthur Fazenbaker

Metaless Westernport. Maryland

Westernport, Maryland

Ellsworth S. Boal

Westernport. Maryland

17 Burial
(Burial, cremation, or removal, Which?)
Cemetery or crematory Philos

Date thereof ecember 17, (month) (day) (year)

Lemeterv

20. DATE DF DEATH December 14 19 47 at 8:30a
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 47 10 20 19 47

and that I last saw h alive on 19 4.

Immediate cause of death Duration

Due to Due to Due to Date of op.

Antopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22-VIOLENCE: It death was due to external causes, fill in the tollowing:

(City or town)

M. D. or other

Injured at home, tarm, Industry, public place (where?) ...

Means of Injury

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information of death cle

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEADED: (For newborness) (For new		179.
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3. (a) FULL NAME 3. (b) Social Security Number 2/7-01-9792 4. 388 5. Color or race 8. (c) Single, married, vidowed, or diversed White White MEDICAL CERTIFICATION 21. 10 ERIFF that death occurred on the date above states: that I stended deceased from 18. (c) I alve, give age. 4. 9. years 18. AGE: Feats 19. Month: Days: If less than one day 33. It is sthan one day 19. Birthplace Westerney 10. Usual occupation. 11. Industry or business 12. I ame. 4. 1. Amelian name. It consults and days. 11. Shirhplace Westerney 12. I smithplace Westerney 13. Industry 14. Maiden name. It consults and days. 15. Instrument. Made and the consults and days. 16. Instrument. Made and the consults and the consults and days. 16. Instrument. Made and the consults and the cons		
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8. (b) Name of hubband or wile at the start of the start	Rex Isaac Frankland	2/7-01-9792
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10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Loviel. (Burial, cremation, or removal, Which?) 17. Cemetery or crematory. 18. Funeral director. 18. Funeral director. 18. Funeral director. 19. Usual occupation. 19. Usual occupations. 19. Usual occupation. 9. Birthplace Westerupart, allegancy, Maryland	Due to Frankers of the shall	
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14. Maiden name. *** *** *** *** *** *** *** *** *** *	E 12. Name.	Dther conditions
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Cemetery or crematory Thicks Curretary Location Where did injury occur? Description (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Coll Mana, Mill Run & Means of Injury Fall of forecal injured at work? The Deputy Medical Examiner = Alfogany Co. Address Whaterupart, Waryland. 23. Signature X. D. Signature X. D. M. D. or other	17 Date thereof Michael (May) (year)	Accident, suicide, or homicide. Accident Date of 12-15-1947
Injured at home, farm, Industry, public place (where?) Community of the line o	the Constant	Where did Injury occur? Baston allegany Msd.
18. Funeral director Celleworth S. Boal Address Westerupart, Waryland. 23. SIGNATURE X Deputy Medical Examiner = Al/gany Co. M. D. or other		(City or town) (Cyanty) (State)
Address Westerupart, Waryland. 23. SIGNATURE X Deputy Medical, Examiner - Allegany Co. M. D. or other	Location Wiscompart, Passegues	
Address Westerupart, Waryland. 23. SIGNATURE Y W Daning H.D. M. D. or other	18. Funeral director Cellsworth & Boal	
A. C. 12 W. Gagenta Bar M. E. SIGNATURE X. M. D. or other	Address Tillsterus ast . Wareland.	1/1/1 24)
A LA LA STATE OF THE STATE OF T	in Barry the R. Tras	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar Address (Manual Control of the Control of t	19. (Date rec'd by registrar) Registrar	Address Cumbuland Md Date signed 12-15/47

DEC 20 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

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				Keg. Dist. No
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	
City or town	BERLAND, utside city or town lim of death?		StateW., V.A	
Hospitai, institution, or	MEMORI/	AL , CUMBERLAND, MD. DAYS	(If rurai, give LOCAT)	. /
			Z.(d) IT veteran, name war	
3. (a) FULL NAME	FREELAND	Mary Mary	3. (b	Nocial Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIF	FICATION
FEMALE	WHITE	MARRIED	20. DATE OF DEATH DEC. 30, 1947	
6.(b) Name of husband	or wife SAMMS	FREELAND 6.(c) It alive, give age 51 years	21. I CERTIFY that death occurred on the date above stated 21. I CERTIFY that death occurred on the date above stated 19. 47	10 2-30 - 1947
deceased (mo., day, y	JAN. A.	1904		-
8. AGE: Years	Months	Days If iese than one day	Immediate cause of death. Arteriosclaration	
43	11	F6hrsmin.	seleroses	
	W.VA.		Due to.	•
9. Birthplace	(Town, c	ounty, and state)	906 tg	
10. Usual occupation	House	rivife		
	,		Due to	
11. Industry or business				
12. NameKE	NNETH FRA	NKHOUSER	Other conditions Cardiae Hyper	rophy
	CADAU DE		(include pregnancy within 3 months o	f death)
14. Maiden name	W.V	***************************************	Major findings of operations	
16. Informant	ike · lus	Trontuneral Hom	Abloney results as about	Oate of op
1	erra all	Tu. W. Va.	PHYSiCian: Please underline the cause to which deat	
11 Buri	al	Date thereof Jan 1, 1948	22. VtOLENCE: tf death was due to externat causes, fill I Accident, suicide, or homicide	
(Burial, cremation,	or removal. Which?)	atta Cem ((year)	Where did Injury occur?	
Location	Terra	alta, W. Va.	tnjured at home, farme Industry, public place (where?)	
18. Funeral director	Portion,	R. Witson	Meane of Injury	Injured at words?
Address To	na allo	- w, va.	1 toward to	Leson In D.
19. Date rec'd by res	1. 19.47	to R. Trautz M.	23. SIGNATURE CONDUCTION OF Address	M. D. or other
(Date rec d by ref	gineral)	registrat	Addiese	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, W

WRITE

PLEASE



WITH UNFADING INK. Supply every item of information carefully. Infiniportant. Physicians: please write the causes of death clearly and legible

RITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cellegane	(For newborn infants give residence of mother)
City or town Task the day	State County County
Cily or town(If outside city or town limits, write RURAC and give nearest town)	City or town Gullman P- Lon 10 B
How long in above place of death?	It outside city or town limits, write RURAL and give nembers (swn)
Muse's Wassailal	Street No. (1f rural, give LOPATION)
How long in hospital or institution? I manufity	2.(a) It veteran, name war
3. (a) FULL NAME	4
11/1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Vanier
4. Sex	MEDICAL CERTIFICATION
tende White married	20. DATE OF DEATH. 12 - 20 19 47 21 7.10 PM
6,(b) Name of husband or wife. Last Sant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
F-F-	11/20 1947 10 12/20 1947
7. Birth date of	and that I last saw h &alive on 12/20/47 19
deceased (mo., day, yr.) Legst. 5-1894	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Toxic myocarditis 3,000
53 3 17hrsmin.	
9. Birthplace Larries Tarrishia Ja.	Over Taxis Hyperthyroidism 3/2/100
9. Birthplace (Town, eounty, and state)	
10. Usual occupation	Que to
11. Industry or business	300 (0.00)
E 12. Name Levry Cones	Other conditions
12. Name Levry Care 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Dydlia Mages 15. Birthplace	Major fiedings of operations
El 15. Birthplace	
16. Informant My Court James	Aotopsy resolts
Address P. Lo. No 2 Box 18 Frostwa	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
13 - 14- 4/	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Without) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Lasta Oale	Where did injury occur?
10 (70	Injured at home, tarm, Industry, public place (where?)
Location Description	Means of Injury Injured at work?
18. Funeral director	manus or releast
Address thesthing my	Deart To Mars that
12-32 50 My Varie V/ Ran	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 5 9 E. Main S. hostburg Date signed 12/23/47
	W.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

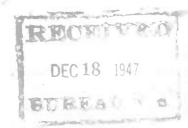
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CERTIFICATE OF DEATH

Reg Dist No.

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If puside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where reath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	Liles 3. (b) Social Security Number
temale Tolity Indance	2D. DATE DF DEATH SECTION 19. 47 21 / 364
6.(6) Name of husband or wife. 6.(c) Halive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURAUDN
9. Birthplace (Town, founty, and state) 10. Usual occupation.	Due to Appellencion Gerea
11. Industry or business 12. Name 13. Birthplace 3. Mare 4. Mare 5. Mare 6. Mare 7. Ma	Due to
HE 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Daga Land	Autopsy results.
Address Transfer Date thereof (month) (day) (year)	PHYSICIAN: Please undertine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Locat	Where did Injury occur?
18. Funeral director all Address Freshing,	Means of Injury
19. 12-15 19 47 Mus Haury N. Bae (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 12 -10 - 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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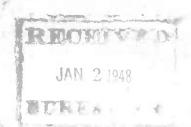
CERTIFICATE OF DEATH

1. PLACE OF DEATH: Ullegony	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town fimits, write RURAL and give nearest town)	Cily or town
How long in above place of death?	8 - 4 M - 18-
Minera Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war.
3. (a) FYLL NAME Als, Annie Doyle Gillies	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Funde White widow	20. DATE OF DEATH 22. 29 1947 213. 30 AM
6.(b) Name of husband or wife. alman Gillies	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) — — — (873	and that I last saw h. E.R
8. AGE: Years Months Days 11 less than one day	Immodiate cause of death DURATION atoms
74min.	
9. Birthplace Lange (Toyn, county, and state)	Bue to frusting of left famour about
1B. Usual occupation	Due to Blafifiad and fall on ice
11. Industry or business Quy frome	in Hout of his him
12. Name James Langle 13. Birthplace nova Scating	Di her Conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name	Major findings of operations
HE 14. Malden name	Bate of op.
16. Informant mrs Carberine Freeman	Autopsy results
Address Lanacarring, mid	
17 Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, 1ill in the 1oilowing; Accident, suicide, or homicide.
(Burial, cremation, or removal, Which?)	Where did injury occurrence and allegany and
Cemetery or crematory	Injured at home, 1arm, industry, public place (where?)
Localion Cultural Control Cont	Means of injury (8 lighted on see hijured at work? No
18. Funeral director	Beputy Mydical Examiner - Allegany . Oo.
Address Janacaning and	23. SIGNATURE TV Dening MD M. D. or other
19/2-30 1947 Mus Xauce N. ME	Address Comboland Md Date signed 2.30 4
(Date rec'd by registrar) Registrar	Address Date signed A.C. Date signed A.C.

MARGIN RESERVED FOR BINDING ADING INK. Supply every item of Physicians: please write the causes PLAINLY, WITH UNF WRITE PLEASE

information carefully of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

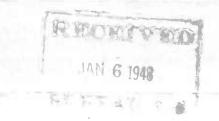
2411 N. Charles St., Baltimore

10730

CERTIFICATE OF DEATH

1

	Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County agany	(For newborn infalts give residence of mother)
City or town (If outside/city or town limits, write RUI/AL and give nearest town)	State Soft of County County County
How long in above place of dealh?	(If outside city or town lippits, write/RURAL and give/hearest town)
Hospilai, institution or street address where death occurred:	
Mattery Lyt. Sauge me	Street No. 6 0 0 (If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Jane Blac	belown Welmick 232-26-208
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famal white Widered	20. DATE OF DEATH OECUMEN 29th 1947 at 1:45 A.
6. (b) Name of husband or wife Collection (g. Delnucy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1947 Dec- 281 1947
7. Birth date of 30 - 18 26	and that I last saw h W allve on Dec - 284 1947
deceased (mo., bay, yr.)	Immediate cause of death DURATION
21 4 20	Qarcinoma Violand 1
7 2 7hrsmin.	Fiver-
9. Birthplace	Due to
10. Usual occupation.	Due to
11. Industry or business of the Glother of Steel	A
# 12. Name	Other constitions Alcoudary wirebuit
\$ 13. Birthplace Controlle, We Jog.	Redun
14. Maiden name Lande Decade	(Include pregnancy within 3 months of death)
15. Birthplace Charty N/G.	Major fisdings of operatioss
04 17 1.61	Date of op.
16. Informant State of the Stat	* Autopsy results
Address Coop Dr. Silvely	
17 Burnal Date thereot 12-31-1947	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or remotel, Which?) (Burial, cremation, or remotel, Which?) (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory Calabara & Calabara &	Where did injury occur? (City or town) (County) (State)
Location & Constitution of the Constitution of	Injured at home, farm, Industry, public place (where?)
18. Funeral director and and the state of th	Means of Injury Injured at work?
Address Frankling h	1.1.1 52
8	23. SIGNATURE William E. Mossley M. D.
19 Nes 30 1947 Vines No 2 eness	Mr Marrago Mid. 12/22-194
(Date recall by registrar) Registrar	Address Date signed 1 44



ASE WRITE

PLE!

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infints give residence of mother)
County Ollegany	State Zud County allagajus
City or 10wn	City or town Journal and State of the City or town limits, Arite RURAL and gray nearest town
How long in above place of death?	Street No. 3 Charles Africa Roth Land grad nearest town)
allegany Hospilal	ned (Frural, give LOCATION)
How long in hospital or helitution?	2.(a) If veteran, name war
3.(a) FULL NAME Joann Hooks	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or pivorced	MEDICAL CERTIFICATION
Temale white Child	20. DATE DE DEATH. Dec 18 19.47 at 3:50A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 16 19 19
7. Birth date of deceased (mo., day, yr.) april 11, 1947	and that I last saw h
8. AGE: Years Months Days If less than one day	Tako meyayara
0 8 6hrs,min.	Belaten
9. Birthplace. (Town, courty, and state)	Que to Remade Respondent Mulis
10. Usual occupationColored	Que to
11. Industry or business	uue 10
12. Name Janes Hooks	Other conditions. / Wie Klines
	(Include pregnancy within 3 months of death)
14. Maiden name & Marght Wright 15. Birthplace Green Roge, Fad	Major fiodiogs of operations
\$ 15. Birthplace Green Ridge, 3 at	
16. Informant	Actopsy results
Address 1903 - Cumberland war	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Hite Camelary	Where did Injury occur? (City or town) (County) (State)
Location Hear Cumberland this.	Injured at home, farm, Industry, public place (where?)
18, Funeral director. John J. Thelen:	Meens of Injury Injured at work?
Address Celmbertand D Med.	July B Hill will
Dea 18 47 Use troute mx	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 1/2/2011/11/2 1: Oate signed 7 Well



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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	***************************************
City or town. Cumberland Md.	State Md. county Allegany
(If outside city or town limits, write RURAL and give neares How long in above place of death? Dead on arrival Hospital, Institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? D.O.A.	City or town. Rural Old Town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) tt veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Patrecia Ann Hook	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or div	MEDICAL CERTIFICATION
Female White single	20. OATE OF DEATH. Dec, 14 19 47 7 10A
6,(b) Name of husband or wits	
	years 19
7. Birth date of deceased (mo., day, yr.) March. 20- 1947	and that t tast saw h er Dead Dec. 14 18 47
8. AGE: Years Months Days It less than one day	Immediate cause of death Tracheal Bronchitis about week also had
6. 1. 1 . 2	• • • • • • • • • • • • • • • • • • • •
8. Birthplace (Town, county, and state) 10. Usual occupation.	*** Bronchial Pneumonia (Hemorrhagic)
	## and mucus plugs in bronchi
11. Industry or business 12. Name Arthur Gaines Hook 13. Birthplace Cumberland Md.	Dther conditions
13. Birthplace Cumberland Md.	
14. Maiden name Mary Monnette 15. Birthplace Cumberland Md.	(Include pregnancy within 3 months of death)
15. Birthplace Cumberland Md.	Major findings of operations.
16. Informant arthur & Itroh	Date of op.
Address RA (Olatona)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal. Which?) Date thereof Old (ponth) (day)	22. VIOLENCE: It doa'th was due to external causes, till in the tollowing; (year) Accident, suicide, or homicide,
Cemetery or cramatory Brok Tables Care	Where did injury occur?
Location Spring gap, and	tnjured at home, tarm, Industry, public place (where?)
18. Funeral director. at this Stein Im	Means of injury Medical Examiner - Allegany Co
Address Cambeland &	23, SIGNATUREH. V. Deming M.D. H. V. Deming M.D.
19 Ale (Onte ree'd by registrar) 19 47 W. Franks	M. D. or offer Registrar Address Cumberland Md. Oafe signed 12-14-47
- 0	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

10733

Reg. Dist. No....

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For hywborn infants gity residence of mother)

Address.

City or town (If outside city o	or town limits, write RURAL and give nearest town)
Street No. 321	(If rural, give LOCATION)
2.(α) It veteran, name war	
	3. (b) Social Security Number
ren	1 Marl
MED	DICAL CERTIFICATION
20, DATE OF DEATH	C 76 19 47 at 3=
21. I CERJIFY that death occurred o	on the date above stated; that I attended deceased trom
JUEN SAM	19 7 10 De 2 6 19 5
and that I last saw halive	on 1970 20 197
Immediate cause of death	DURATIO
Cenebral	Granden ,
Rady	antheman / Wa
Due to.	
Hesharton	3 Heart
	1992
Due to.	
Other conditions	
(Include pregnar	ency within 3 months of death)
Major fiedings of operations	
	Date of op
Aotopsy results	
PHYSICIAN: Please uoderline th	he cause to which death should he charged statistically.
22. VIOLENCE: It death was due	to external causes, till in the tollowing;
Accident, suicide, or homicide	
Where did Injury occur?	
(C	City or town) (County) (State)
Injured at home, farm, Industry, pu	ublic place (where?)
Msans of Injury	Injured at work?
	. 11.
23. SIGNATURE	Lan Monum On

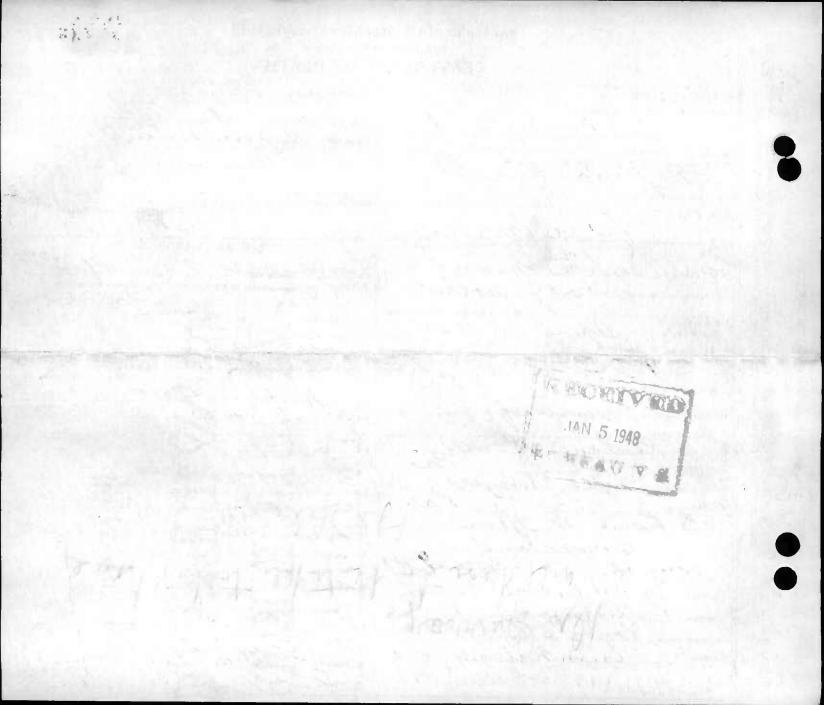
VS A15 9.45-15 PLEASE WRITE PLAINLY, V is especially

(Date rec'd by registrar)

FOR BINDING

RESERVED

MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany			
City or town Flintstone Md. (If outside city or town timits, write RURAL and give nearest town)	State Pa County Bedford		
How long in above place of death? 3 days	City or town Artemas (If outside city or town limits, write RURAL and give nearest town)		neareat town)
How long in above place of death	Street No. Rural		
Rural	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		J
3. (a) FULL NAME		3. (b) Social Securit	y Number
	No.	None	
Fllsworth Humbertson 4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		L CERTIFICATION	
male white married	2D, DATE DF DEATHDec.		
6.(b) Name of husband or wife Ellen Peterson	21. I CERTIFY that death occurred on the da		
6.5		19 to	19
7. Birth date of Appendix OS 10004	and that I tast saw h.i.maiiDead	Dec. 24	19.4.7
deceased (mo., day, yr.) APTIL 22-10/4	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Chronic Myocard		
73 8 2hrsmin.			
9. Birthpiace Cumberland, Alleagny Co, Maryland	Due 19.		
(10Wh, county, and seate)			
10. Usual occupationFarmer	Due to.		
17			1
11. Industry or business 12. Name George Humbertson	Diher conditions arteriosc		
12. Name	Diher conditions	(
13. Birthplace Meyersdale, Pa	(Include pregnancy wit	hin 3 months of death)	
Belle Boggs	Major findings of operations		
Belle Boggs 14. Maiden name Belle Boggs 15. Birthplace Lonaconing, . Md.	Major naciage of operations.		
	II .		
16. Informant Jerome Humbertson	Actorsy results		ed statistically.
Address 31 Mt Pleasant St, Frostburg, Md.			
Burial 12/28/47	22. VIOLENCE: tt death was due to exter		
17	Accident, suicide, or homicide		
Cemetery or crematory Porter Cemetery	Where did injury occur?(City or t	own) (County)	(State)
Location Eckhart, Md.	tnjured at home, farm, industry, public pla		
18. Funeral director. William H. Kight	Means of injury Beputy Medical E		
Address Cumberland, Md.	23. SIGNATURE H. V. Deming	M.D. H.V. D.	my Mande
, Dec. 27, 47 Rine A. Bender		M.	D. of other
19. Recistrar	Address Cumberland M	Id . Date sign	d 12-24-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. NS



. The correct age legibly.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

PLEASE WRITE

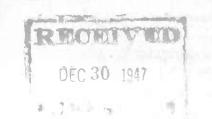
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

10735

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		
City or town Rural Sunny Side near Mt Savage (If outside city or town limits, write RURAL and give nearest town)	State Md County Allegany	
How long in above place of death?	City or towRural Sunny Side; near Mt. S. (If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:		
Brought to Miner's Hospital Frostbur	Street No. (If rural, give LOCATION)	
How long in hospital or institution? Dead on arrival	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security N	lumber
Rosetta Marie Tmes		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white single	20. DATE OF DEATH. Dec. 25 19 47.	at 1015Am
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
7. Birth date of The Grant Control of the Control o		
7. Birth date of Dog 6 3 04 6	and that I last saw halive on	19
deceased (mo., day, yr.) Dec. 6-1946	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Bronchopneumonia	lweek
1 0 I5hrsmin.		*******************
9. BirthplaceMt. Save Save County, and state y Md. 10. Usual occupation	Due to	
	Dither conditions	
12. Name Thomas F. Imes 13. Birthplace Mt. Savage Md.		
	(Include pregnancy within 3 months of death)	
14. Maiden name Viola Gordon	Major findings of operations	
14. Maiden name. Viola Gordon 15. Birthplace Magnolia W.Va.	Date of op.	
16. Informant Mother	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.
Address R. F.D. Mt. Savage Md.	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, cremation-or removal, Which?) Bate thereot T2=29-T947 (month) (day) (year)	Accident, suicide, or homicide	
(Daries, C. Camaron, T. Camaron, T. Camaron, C. Camaro		
Cemetery or crematory Sunnyside Cemetery	Where did injury occur?	
Location Below Mt. Savage, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Jacob Hafer	Meens of injury Injured at work?	
Address Frostburg, Md.	41108	
Address Prostburg, Mu.	23. SIGNATUREH V. Deming M. D. H. V. D.	MARIO
15 12 27 164) Mes Maney X. Rus		
(Date rec'd by registrar) Registrar	Addres Cumberland Md Date signed.	2-25-47



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10736

CERTIFICATE OF DEATH

Reg. Diat. No.

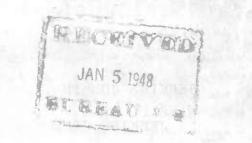
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegany	State Manyland County Alegans
City or town	
How long in above place of death?	City or town coutside city or town limits, write RURAL and we nearest hown)
Nospilal, Institution, or street address where dead occurred:	Street No
Hew long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Carolyn Elaine James	J. (b) Both Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(Female State anjant	20. DATE OF OEATH Deleuber 29 19 47 at 8 5 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Alicember 29 19.47 10 Alec 29 19.47
7. Birth date of deceased (mo., day, yr.) Ort 9 1947	and that I last saw h. L.P. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death Dury IDN
2 2 /hrs.	
9. Birtholace Minera Harpital Ginesther	Charle to.
9. Birthplace (Town, county, and state)	7 9.
IO. USUAL UCCUMATION.	Due to
11. Industry or business	
12. Name Calinton James 113. Birthpiace Descending 1/18	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dissa Elding Son al	(Misjor findings of operations
\$ 15. Birthplace Phrapps theaton & maline	Mg Md, Date of op.
16. Informant Legarital James	Antopsy results.
Address Low actoring and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brial One thereof Dec 31, 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remova). Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Ald Consequences	Where did Injury occur?(City or town) (County) (State)
Location Linasoning flaa,	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Challon	Means of Injury Injured at work?
Address Linacionina, And	- Wexpatters May
12 3) 115 Wayne at P.	23. SIGNATURE M.D. or other
19. A S Negistrar) Medical Manager (Date rec'd by registrar)	Address Trong Man Date signed 2/3/14



William corporate limits W.F. WILLIAMS MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) ALLEGANY County ALLEGANY State MARYLAND (If outside city or town lynits, write RURAL and give nearest town) information carefully of death clearly and How long In above place of death? 10 4ceks Hospital Institution or street address where death occurred: MEMORIAL HOSPITAL 6 BOWLING GREEN (If rural, give LOCATION) How long in hospital or institution? L. 65 DAYS 3. (a) FULL NAME 3. (b) Social Security Number JENKINS, ELICK J. MEDICAL CERTIFICATION MARRIED Widowed BINDING MALE WHITE 20. DATE OF DEATH. DEC. 31 6.(b) Name of husband or wite HARDY MAY 21. I CERTIFY that death occurred on the date above stated: deceased FOR 7. Birth date of deceased (mo., day, yr.) If less than one day MARGIN RESERVED 8. AGE: 69 27 10 (Town, county, and state) Own business 11. Industry or business 12. Name JENKINS, JOSEPH 12. Name JENK (Include pregnancy within 3 months of death) JENKINS JANE nipoir 16 Interment Elmer Tenkins PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof Jan 3, 1948 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory 12 podraw Church Cemeter V WRITE tniured at home, farm, Industry, public place (where?) ... Means of injury 18. Funeral director. 23. SIGNATURE (Date rec'd by registrar) Registrar

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ADING INK. Supply every item of Physicians: please write the causes

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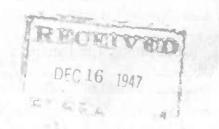
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1	Reg. Dist. No		
n PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of death? How long in above place of death? How long in above place of death? Hospital, institution, or street address where death occurred:	Stale Md. County Allegany City or town Flints tone (If outside city or town limits, write RURAL and give nearest town)		
Memorial Hospital How long In hospital or Institution? 4.1/2 hours	Street No		
3.(a) FULL NAME Tarry Stanley Jordan	3. (b) Social Security	Number	
Tarry Stanley Jordan 4. Ses 5. Color or race 6.(a) Single, married, wildowed, of divorced male white single	MEDICAL CERTIFICATION	5 5	
6.(b) Name of husband or wife	20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.) Aug. 2 -1947	and that I last saw him.alpeadDecL.I.	184.7.	
8. AGE: Years Months Days It less than one day 4 并为	Intussusception	about	
9. Birthplace (Town, county, and atate) 10. Usual occupation.	o#* Dehydration due to diarrhoea		
11, Industry or business	Due to		
E 12. Name Blaine J. Jordan W. Va.	Other conditions		
14. Maiden name Elizabeth M. Phillips 15. Birthplace Pennal.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Blance J. Gordan	Autopsy results		
Address # Intellige 500 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
Cemetery or crematory Preshorted Comp	Where did injury occur?		
18. Funeral director domo Stein One	Msans of Injury Deputy Medical Examiner Injured at work?		
Address Comberland	23. SIGNATURE H. V. Deming M. D. H-V. Deming M. Demi	MA	
19. (Date rec'd by registrar) 19. T. W.R. Naus M. J. Registrar		V	



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MARGIN

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLEASE WRITE

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

A. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) Of	F DECEASED:	
County					
City or town			City or town BEDFORD, PA. (if outside city or town limits, write RURAL and give nearest town)		
How long in above place o	f death?		(If outside city or town limits	s, write RURAL and give nearest town)	
Hospital, Institution, or s	treet address where de MEMORIA	I Vaskital	Street No. #7 #3	LOCATION)	
	nstitulion?1.6	DAYS /	2.(a) It veteran, name war		
3. (a) FULL NAME	•			3. (b) Social Security Number	
WITT	TAM CLET	IIG KARNS		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
MALE	WHITE	SINGLE	28, DATE OF BEATH DEC. 25,	1947 , 11:13	
& (h) Name of husband of	r wite		21. I CERTIFY that death occurred on the date abo	we stated; that I aftended deceased from	
o,(o) isame of massame o		C (a) Malling along and	19.	47 10 25 Dec 19 4.7	
7. Birth date of	***************************************		and that I last saw h.A.A. alive on	5 De 1947	
deceased (mo., day, yr.) OCT. 21	. 1947	Immediate cause of death	BURATION	
8. AGE: Years	Months	Bays It less than one day	menagli	- (neminana)	
	2	hrs. min.			
9. Birthplace (Town, county, and atate)			Bue to Common Co	· · · · · · · · · · · · · · · · · · ·	
1B. Usual occupation			Bue to		
11. Industry or business					
E 12. NameROI	BERT A KA	RNS	Bither conditions		
12. NameROI	PA				
	HATET SM	ITH	(Include pregnancy within 3	months of death)	
14. Maiden name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Major findings of operations		
≥ 15. Birthplace	PA.			Bate ot op	
16. Interment	und Pate		Autopsy results		
Address R	alas Pan	m, .	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
			22. VIOLENCE: If death was due to external car	uses, till in the tollowing;	
17 Burial Bate thereot /2 26 47 (Burial, cremation, or removal. Which?) Bate thereot (month) (day) (year)			Accident, suicide, or homicide		
Cemetery or cremator	Bortz Lu	theran	Where did injury occur?(City or town)	(County) (State)	
Location Bedford, Pa			Injured at home, tarm, Industry, public place (w	here?)	
		Pate	Means of Injury	Injured at work?	
Address	Bedfor		F. 10. 1	William Atla	
1	,	1. 1-t + M	23. SIGNATURE	M. D. or other	
19 (Date rec'd by reg	(a. 19.4.7	W. A. SY ausgreen Registrar	Address 112 Bed brd	Bate signed 25 De C	

DEC 30, 1947

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10740

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany 2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother)	CEASED:
rural-Route#35 near santa svi e state Md. Couoty	Allegany
How long in above place of death? A few minutes Hospita, institution, or street address where death occurred: Manual Course of the course of	rellsville Md. te RURAL and give nearest town)
	. (b) Social Security Number
	213-22-2662
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERT male white married 20, DATE OF DEATH. Dec 21	about
S.(b) Name of husband or wife Rose Ann Bishop. 21.1 CERTIFY that death occurred on the date above state	
7 Right date of and that I last saw h im Dead Dec.	
deceased (mo., day, yr.) Jan. 2-1927 8 ACF: Years Months Days If less than one day	
Fracture of the ord	
20 // /9 wertebrae & severe c	
9. Birthplace Barrellsville Md (Town, county, and atate)	
10. Usual occupation Miner Que to Automobile Accide	nt
11. industry or business Coal Mining	
12. Name Joseph L.Kelley Other conditions	
12. Name Joseph L. Kelley Other conditions 13. Birthplace Midland Md.	١.
(Include pregnancy within 3 months	
15. Birthplace Narrow's Park Md.	
16. Informant Joseph I. Relley Autopsy results. PHYSICIAN: Please underline the cause to which do	leath should be charged statistically.
Address 17. Date thereof (month) (day) (year) Cemetery or crematory (City or town) 22. VIOLENCE: If death was due to external causes, flowers and death was due to external causes.	the following: the Date of 12-21-47 C(County) (State)
Location	Highway route #35
	D H1/ Suin 7.5
23. SIGNATURE ILLO Y DEMALIES DUO.	M. D. or onyt

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DEC 30 1947



2411 N. Charles St., Baltimore

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			CERTIFIC	CATE OF DEATH	Reg. Diat. No.
City or town	Allegany Cumberlar Cumberlar contested city or town street address where Paca St	id Ma imita write R ↓↓ yea death occurred	ryland UKAL and give nearest town) rs	City or town (1f outside city or town 122 Page) Street No. (1f rure)	ence of mother) Cough Allegany and In limits, write RURAL and give nearest town
3. (a) FULL NAM	E				3. (b) Social Security Number
Alfr	red Josep				705-05-4367
4. Sex Male	5. Color or race	Wi	e, married, widowed, or divorced dowed.	MEDICA 20. DATE OF DEATH	AL CERTIFICATION 19.47 at / 7
7. Birth date of		6.(6	e) If alive, give age	Dept 22	date above stated; that I attended deceased from 19.4.7. 10
	s Months	8 19 Days 8	If less than one dayhrs.		nons leukenes 6 m
10, Usuat occupation	Crane Bolt	opera Md Fo	rge Shop R.R.	Due to	
12. Name Joseph Kienhofer 13. Birthplace Maryland			d	Other conditions (include pregnancy w	ithing months of death)
			and	Major findings of operations	
to. moment	Mrs. Jos 22 Paca				se to which death should be charged statistically
(Burial, cremation	ory	Peter	eof Dec.18, 47 (month) (day) (year & Paul	Where did injury occur?(City or	Date of
Location Cumberland, Maryland				Injured at home, farm, Industry, public p	place (where?)
1B. Funeral director	Charles 202 Gree		orge	23. SIGNATURE A-Their	
10, Dec . /	8 19 47	le	A Trank The	Addressemberla	nd md M. D. or other Date signed.

FOR BINDING RESERVED information carefully of death clearly and

PLEASE WRITE A15



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY City or town CUMBERIAND (it outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 3. (a) FULL NAME CEORGE WAYMAN KITZMILER 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fourshy ninfarta are regidence of mother) State County Mineral City or town
MALE WHITE WIDOWED	20. DATE OF DEATHDECEMBER. 7. 1947. 19
6.(b) Name of husband or wife MARTHA (C) KITZMILLER 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) DECEMBER 12 1874 8. AGE: Years Months Days If less than one day 72 11 25 hrs. min. 9. Birthplace MARYLAND 10. Usual occupation NONE 11. Industry or business 12. Name ALEX KITZMILLER 13. Birthplace WEST VIRGINIA	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. 19.47. to 2.2. 19.47. and that I last saw h
	(Include pregnancy within 3 months of death)
CORA LEWIS 14. Maiden name WEST VIRGINIA 15. Birthplace	Major findings of operations Dancoma 11. 12-4
16. Informant	Autopos results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Elk Garden, W. Va.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director	Means of Injury Injured at work?
19. Address Blaine, W. Va. 19. Address Blaine, W. Va. 19. Address Registrar 19. 47. W.A. Fauty M.A. Registrar	23. SIGNATURE M. D. or other Address Address M. D. are signed 12 5 4.1

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH: 0000	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland Causty allegany
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where that occurred:	Street No. 123 (If rural, give LOCATION)
How long in hospital or institution? 6 days	2.(a) Il veteran, name war. First world war
3. (a) FULL NAME	3. (b) Social Security Number
James Marlew),	nepp 213-05-7133
4. Sex 5. Color orrace S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH DEC / 7 19.47 at //40 A
6.(b) Name of husband or wife Unity Cooper	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	34 8 19 42 10 Sec /2 19 42
7. Birth date of deceased (mo., day, yr.) Okrel 18 1899	and that I last saw have alive on 1997
8. AGE: Years Marths Days It less than one day	Immediate cause of death
48 17 29hrsmin.	14-164
Margael Pa	Due to Stomach
9. Birthplace (Town, county, and state)	956 10
10. Usual occupation. Delivered	Due to
11. Industry or business american degrow Cliek	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name (atterise Mathias) 15. Birthplace reaknown	
15 Richolace Lenknown	Major findings of operations
man to an Kanklal	Aotopsy results.
18, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mostling Man	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory allegany Constany	Where did injury occur? (City or town) (County) (State)
Location Frotting and	Injured at home, farm, Industry, public place (where?)
OPP'10upst	Means of Injury - injured at work?
18. Funeral director	111 0 000 () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address Mysling Ma	23. SIGNATURE M. D. or other
19. 12-18 19 Mes. Mauly N. Me	12-1847
(Date rec'd by registrar) Registrar	Address Date signed 2

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WMTHUNFA important. F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

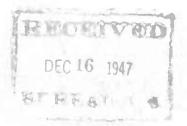
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28			,	
1 200	Dist.	No.	4	

DR. TOP.	PIER	CERTIFICA	TE OF DEATH	Reg. Dist. No.
How long in above place Hospital Institution or MFMORIA How long in hospital or	MBERLAND A Dutaide city or town line of death? 2 day a street address where L HOSPITAL A INSTITUTE OF THE CONTROL OF THE CONTR	eath occurred: CUMBERLAND, MD. lays	City or town	f mother) Ounty Bedford its, write RURAL and give nearest town) ve LOCATION)
3. (a) FULL NAM	BA GILT KOL	RNS'		3. (b) Social Security Number
4. Sex FEMALE	5. Color or race WHITE	8.(a)Single, married, widowed, or divorced SINGLE	MEDICAL O DECEMBER	9 47 41:50
T. Birth date of deceased (mo., day, 38. AGE: Years 9. Birthplace	Months LEGANY, CU	6.(c) It alive, give age	and that I last saw h. S	Dee 9 19 19 19 19 19 19 19 19 19 19 19 19 1
13. Birthplace 14. Malden name. 15. Birthplace	PENNA. ALMEDA SE PENNA	IROYER	Major findings of operations.	Date ot op.
17. Buri (Burial, cremation Cemetery or cremat Location 18. Funeral director Address	Hyndman, Harvey H. Hyndman, I	Date thereof 12/12/47 (month) (day) (yeor) Pa. Zeigler	22. VIOLENCE: It death was due to external c Accident, euicide, or homicide	Date of (County) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10745

CERTIFICATE OF DEATH

Dist. No.

1. PLACE OF DEATH: O Magazine	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Transfer dia	State Maryland County allegany
City or town (If outside city or town limits, Frie RURA), and give nearest town)	City or town
How long in above place of death?	9 mk Producent At
Miners hospital	(If rural, give LOCATION)
How long in hospital or institution? 12 Thours	2.(a) 11 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
felle / lages	none
4. Sex 5. Color or race S.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Temale White Sugle	20. DATE OF DEATH DEL 17 19 40 212:32 A M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	19 10 Ble 13 19.4)
1. Birth date of deceased (mo., day, yr.) December 6, 1875	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION GUIDAN
72 0 10min.	Embelism
9. Birtholac Trothing allegany md	Due 10. April 10.
(Down, county, and state)	the Mystarilly years
1D. Usual occupation.	Due to
11. Industry or business	M. Yehrstis-
12. Name achargas Trafel	Dther conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Heiss 15. Birthplace Maryland	Major findings of operations
ma 8 1/ 0 1/6/	Date of op
16. Informant	Autopsy results
Address Trostlying Ma.	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17. Gurial, cremation, obremoval, Which?) (Burial, cremation, obremoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory allegacy Cemetery	Where did Injury occur?
Location Frosthers md	Injured at home, farm, Industry, public place (where?)
JP Ocht	Msans of tinjury tinjured at work?
16. Funeral director	11 Lans of Small
Address / Cost rung Mal	23. SIGNATURE M. D. or other
19. 2 - 18 19. Mus. Moully N. Registrar Registrar	Address Forthery Md Date signed 218 -4)

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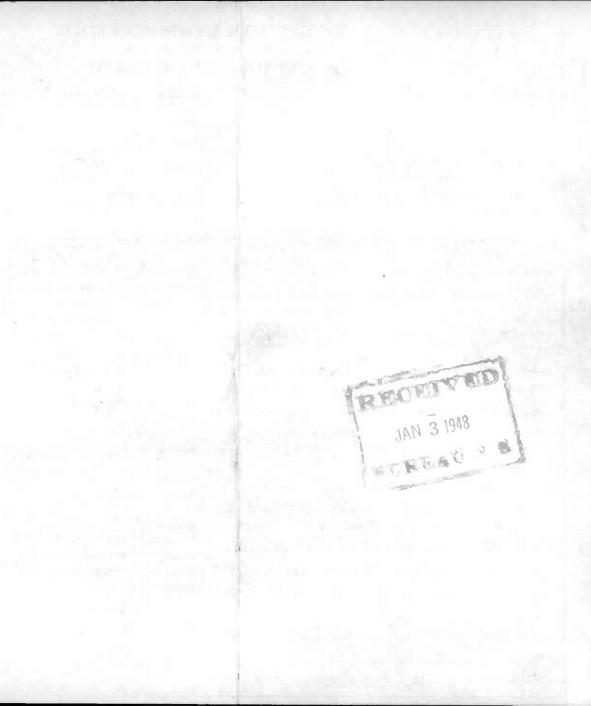
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2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in lants give residence of mother)
City or fown (If our see city or town panie) write RURAL and give nearest town)	State 22 County Clegary
How long in above place of death? T. Large	City or town (If outside city on town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or Institution? 4 Lange	2.(a) If veteran, name war
3. (a) FULL NAME	4 (3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Tordown	20. DATE OF DEATH DEL 30 19.47 220A
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, y _(i))	and that I last saw ham alive on Alec 29 1847
8. AGE: Years Months Days filess than one day	Immedialy sope of death DURATION
83 2 10 hrs. C. min.	m. sandiles gears
9. Birthplace Freshing allegents, and states	Due to.
10. Usual occupation Political Dynamics	Due to luxulual fusione for the first the firs
11. Industry or business	
12. Name Garade Journal 13. 8irthplace Lemanne	Dther conditions
	(Include pregnancy within 3 months of death)
HE 14. Maiden name 2 compared Bartlett	Major findings of operations.
2 15. 8irthplace	Date of op.
16. Informant	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address 1 413 mulig St., Mollilleg md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory It i Marchaelia Ceny	Where did injury occur?
Location I wastling & My di	Injured at home. farm, Industry, public place (where?)
18. Funeral director Jack Days	Means of Injury Ipjured at work?
Address Totally my	wome and son
19, 12-3, 1947 Mes Hawy N. Registrar	23. SIGNATURE M. D. or other Address Date Signed Dec 30 19

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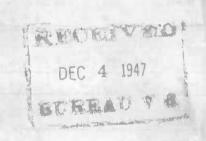
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany City or town Cumberland, Mary Jand give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland, County Allegany
How long in above place of death? all of life Hospital, institution, or street address where death occurred: Allegany Hospital	Oily of lown Cumberland Cif outside city or town limits, write RURAL and give nearest town) Street No. Cash Valley Road (If rural, give LOCATION) 2.(a) If yeteran, name war. World War # 2
How tong in hospital or institution? 17 days	3. (b) Social Security Number
Robert A. Lanham, Jr. 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH December 2 1947 at 16
6.(6) Name of husband or wife Dorothy Meyers Lanham 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than only day 34 Fig. 9 7 min 9. Birthplace Climber Land, Maryland (Town, county, and state) 10. Usual occupation	Due to Old Chematic Valvular 2 y
Address Address Burial Bate thereof. Dec. 4, 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory. Hill Crest Cemetery Location Bedford Road, Cumberland, Md. 18. Funeral director Address (25/3) Lighthy	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide



2411 N. Charles St., Baltimore

10748

DR. W. F. WILLTAMS

CERTIFICATE OF DEATH

Reg. Dist. No.

ALLEGANY

(If outside city or town limits, write RURAL and give nearest town)

1			02211111111		Reg. Di
How long in above pla Hospital, institution. How long in hospital 3. (a) FULL NA	GANY IBERIAND, MAR If outside city or town limit acc of death? or street address where death of the company of	ath occurred TAL	URAL and give nearest town)	City or town CUMBERLAND (If outside city or town Street No. 618 VIRGINIA	encé of mother) Couoly ALLEC
	RY, HAMILTON		e, married, widowed, or divorced	1	OFF CENTRAL AND
MALE	WHITE		TDOWED	20. DATE OF DEATHDECEMBE	R 14
7. Birth date of deceased (mo., da 8. AGE: Ye & Z \$ 9. Birthplace	WEST VIRGINI (Town, ec.	Y 18, Days 26	c) It alive, give age	and that I last saw by the arrive on	See
日	ness		ECEASED)	Due to	The same
14. Maiden nam 15. Birthplace	MRS. KERNS WEST VIRG	(DE INIA Leg	_7 / / /	Major findings of operations Autopsy results PHYSICIAN: Please underline the cao	Oale S
17. (Burial, cremat Cemetery or crem Location	umberla	Date then Con d	(month) (day) (year) Cemetery	22. VIOLENCE: It death was due to ext Accident, suicide, or homicide	r town) (Cour
19.	19.7.	U.S.	The Registry	at Address Lund	replan

	3. (b)	Social Security Nu	mber
		none	
ME	DICAL CERTIF	ICATION	
O. DATE OF DEATH DECE	MBER 14	19 47 , at	2:40 Am
1. I CENTIFY that death occurred	19.47.1	Doc	
mmediate cause of death			DURATION
materials cause of death			
The			•••••
ue to.	and	L- 2-	•••••
ue to.	270	-28	•••••
ther conditions		Doce	1000
(Include pregr	nancy within a month of	death)	3
lajor findings of operations	10	0	
		Daie of op	
HYSICIAN: Please underline	the caose to which death	should be charged sta	tistically.
2. VIOLENCE: It death was do	ue to external causes, till in	the following:	
coldent, suicide, or homicide		Date of	
There did Injury occur?	(City or town)	(County)	State)
njured at home, farm, industry,			
fleans of Injury		Injuned at work?	
8	1/1/	7/100	•
3. SIGNATURE	13/	Julis	
Address Cur	nberla	Date lened	2-/14/40

FOR BINDING RESERVED MARGIN information carefully of death clearly and

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important. RITE PLEASE



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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

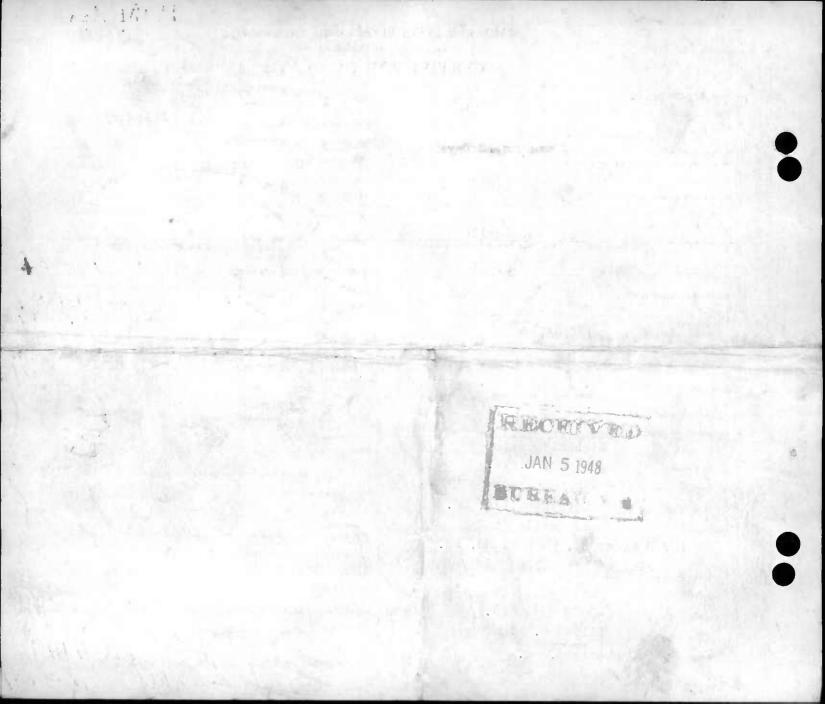
2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por newborn infants give residence of mother) State County
Hospilal, Institution, or street address where death optimized:	Street No. 227 PLAN SI. (If rural, give LOCATION)
3. (a) FULL NAME William Edward	2.(a) If veteran, name war. 3. (b) Social Security Number 217-10-444
4. Son S. Color or sace S.(a) Single, married, widowed, or divorced make Marke Brassical	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 30 19 47, 21 10
7. Birth date of deceased (mo., day, yr.) June 6 1884	21. LERTIFY that death occurred on the date above stated: that lattended deceased from December 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than one day 6 3 6 24	Due to Coronary heart disease 2 ge
10. Usuat occupation	Due to Diher conditions Myocardial failure 2 years
12. Name Espy Zahman 13. Birthplace 14. Maiden name Elizabeth 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mm & Lehman Jr	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Build Date thereof (month) (day) (year) Cemetery or crematory. Which?	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location le symboland ond 18. Funeral director dessiro stepin Saco	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
Address County Condition 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE / Wichard W. Michael M. D. Josepher Address Cumberland, Will Date signed Nes



copete limits		2411 N. Charle	PARTMENT OF HEALTH 10750 TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	address where death occurred Allegany Hos	URAL and give nearest town) the 12 Days the pital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	Mary Lee		3. (b) Social Security Numb
1, 002	or or race 6.(a)Singl	e, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH TREE LEW 29 19 47 21
6,(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.)	6.(c) If alive, give ageyears r 17 1947	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years	Months Days 3 12	II less than one dayhrs min.	Bronched Paremonea
10. Usual occupation	Micheal Les Keyser, W.	lie Va.	Due to
14. Maiden name	Betty Jane Corrigany	ook	Major findings of operations. Date of op.
15. Informant	THE CANADA SOLVE SALE OF THE CANADA SOLVE SALE OF THE CANADA SALE OF T	M	Autopsy results
17. Burial (Burial, cremation, or rem Cemetery or crematory	Cooks Will:	1/1/48 (month) (day) (year) Cometery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	William H. I		Msans of Injury Injured at work?



b. Supply every item of information carefully please write the causes of death clearly and

PLAINLY, WITH UNFADIN is especially important. Physi

PLEASE WRITE

(Date rec'd by registrar)

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

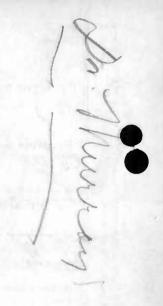
2411 N. Charles St., Baltimore

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M. D. or other

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, indivorced	MEDICAL CERTIFICATION 20. DATE OF DEATH LOC 16 19 47 21 4 AM
8. (b) Name of husband or wife	Due to. Diher conditions (Include pregnancy within 3 months of death)
14. Malden name Grany Bell 15. Birthplace 16. Informant Grans Helen Keller	Major findings of operations. Date of op.
Address Rf 40 6 Inile Throat 17. Amile (Burial, cremation, or removal, Which?) Cemetery or crematory. British Thill burns. Location Burns Hall burns. 18. Funeral director Amia Stimp 9 and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Address Combelland 18 47 W. Kantz M. Registra	23. SIGNATURE Man M. D. or other Address Curbul Date signed Pre/

Registrar





2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

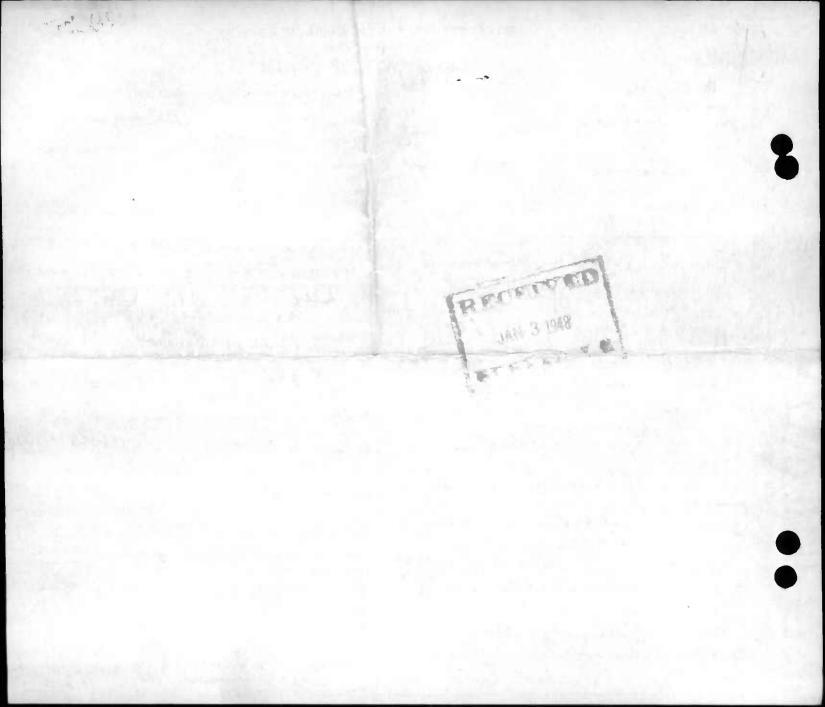
	Reg. Dist, No	O
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County allegany	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	any
How long in above place of death?	City or town	To Decree town)
Hospital, institution or street address where death occurred:		ve heatest town,
favale lud.	Street No. (If rural, give LOCATION)	••••••••
How long in hospital or institution?	2.(a) If veteran, name war	•••••
3. (a) FULL NAME	3. (b) Social Secu	prity Number
Mrs Emma Ludi	N'9 - Plo	10
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	I
Temale White Windowed	20. DATE OF DEATH	17 .6:00 P.
5 (5) Name of husband or wife Dr Geo. W. Ludwig	21. I CERTOT that death occurred on the date above stated; that Lattender	
o.(o) water of most of the control o	Usp. 14 1847 to De	e. 22 ₁₉ 47
7. Birth date of deceased (mo., day, yr.) Tanuary 21, 60	and that I last saw h. T. alive on Lee, 81	1947
8. AGE: Years Months Days If less than one day	Immediate cause of Jeath.	DURATION A
22	b accounted company	(Jumps)
9. Birinplace Cumbor land Md. (Town, county and state)	Due to GLE VIII	
	throubout	
1D. Usual occupation. Housewite	Due to	***************************************
11. Industry or business Own home	Δ 0 Δ 0.	1 0
# 12. Name Jacob Brengle	Other conditions Talvorary Sura	red 10day
12. Name Jacob Brengle 13. Birthplace		
80.0-0-0	(Include pregnancy within 3 months of death)	
	Majur findings of aperations.	
15. Birthplace	Date of op	
16. interment James Geachage	Autupsy results.	***************************************
Address Favale Jud.	PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.
B . O / NO MULAUT	22. VIOLENCE: If death was due to external causes, fill in the following:	- 1
(Burial, cremation, or removal, Which?) Date thereof. Ale 24,1947 (month) (dar) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cometery	Where did Injury occur?	
0 0 0 0 7 10		(State)
Location Lucides du de la constant d	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director	Meane of Injury Injured at work?	
Address Camberland Rud.	(1M Hodges.	M.J.
for all is 1 of the X	23. SIGNATURE	. D. or other
19 Date rec'd by registrary Registrary	Address	gned / 2 /34/4/

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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PLEAST WRITE



ALLEGANY COUNTY HEALTH DEPARTMENT CUMBERLAND, MARYLAND

INTER OFFICE COMMUNICATION

Date January 2, 1948

To: Dr. A. W. Hedrich

From: Dr. W. R. Frantz 3 1948

Remarks:

Dear Dr. Hedrich:

The attached certificate was not given to this of fice until this morning January 2, 1948 although a burial-transit permit was issued by the Police Department on December 24, 1947. This has happened several times in the past because the Police Department files them with other papers or misplaces them. We have talked with them about this matter, but they do not seem to care and we cannot force them.

Trusting this will not inconvience your office too much, I am

Yours truly,

W. R. Frantz, M. D. AH.

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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
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VS A15	PLEA

CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	4
3. (a) FULL NAME A Sex 5. Color of race 6. (a) Single, marfied, wildowed, or divorced	3. (b) Social Security Number 2/6-05-20	103
male Ahito Andruga B.(b) Name of husband or wife Mary De Clabe	MEDICAL CERTIFICATION 2D. DATE OF DEATH	5/2 _M
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. M. alive on 12.27 19. Immediate cause of death DURAT Verymating failure 1/2	
9. Birthplace Dana Mt. Mesal Conaconus (Town county, and state) 19. Usual occupation Balan Missing Retific 11. Industry or business.	Joue so Chronic Branchiol asthus 154 oue to authorous ?	naz.
12. Name Soutland 13. Birthplace Soutland Holan 14. Malden name Mary to Holan 15. Birthplace Sulland	Other conditions Section 8 months of death) Major findings of operations.	
16. Informant Address Midland, And	Antopsy results	
Burlal, cremation, or removal. Which?) Cemetery or crematory Location Location Date thereof Sic Barrier (pointh) (day) (year) (pointh) (day) (year) (pointh) (day) (year)	Accident, suicide, or homicide	
18. Funeral director All Achinism Address - Maraning Park 19. La - 25 1947 Mes. Marcy N. Registrar (Date rec'd by registrar)	Means of Injury Injured at work? 23. SIGNATURE M. D. or other M. D. or other 15. Postla: 1. 12:23	W

DEC 30 1017

MARGIN RESERVED FOR BINDING

VS A15

DR. W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND County ALLEGANY State SUMBERLAND		
How long in above place of death?	City or town		
How long in hospital or institution? 7 DAYS	(If rural, give LOCATION) 2.(a) It veteran, name war		
JAMES MC KALVEY	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Wildowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. DECEMBER 12-/2-19 47 5:1		
S.(b) Name of husband or wife MARY REED S.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Oct. 18, 1875	and that I last saw harmalive on 2 -1 2-1		
8. AGE: Years Months 2 Pays If less than one dayhrs.	l do ciromalosio		
9. Birthplace Williamsport, Md. (Town, county, and state) Retired	Due to Du		
11. Industry or business ELICK MC KALVEY 12. Name MARYLAND 13. Birthplace	Other conditions. (Include pregnancy within 3 months of death)		
HARY SINGER 14. Maiden name VIRGINIA 15. Birthplace	(Include pregnancy within 3 months of death) Major fieldings of operations. Date of op.		
16. Informant MEMORIAL HOSPITAL CUMBERLAND, MD	PHYSICIAN: Please onderline the cause to which death should be charged statistical		
Burial Date thereof Dec. 15, 19 (Burial, cremation, or removal, Which?) Cemetery or crematory. Riverview Cem.			
Location Williamsport, Md.			
18. Funeral director Charles L. George Address Cumberland, Md.	Means of Injury Injured at work?		
18. Dec 13 1847 W. R. Aluka M. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. SEORDER		

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Attion to the American

Carlo St. Life Sent

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JANES COST STATE

2411 N. Charles St., Baltimore

C C	CERTIFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	(If outside city or to	wndimits, write COTAL and give nearest town)
3. (a) FULL NAME Slaria Jes	an mckee	3. (b) Social Security Number
5. Color or race S.(a) Single, married, wid S.(b) Name of husband or wife	20. DATE OF DEATH	at CERTIFICATION 1947 at 10 347 e date above stated; that I attended deceased from 19.47 to Que 3 19.45
7. Birth date of deceased (mo., day, yr.) August 25 8. AGE: Years Months Days If less the 3 10	and that I last saw had alive on Immediate :puse of death	
10. Usual occupation	Due to	
13. Birthologe 14. Maiden name. Little Market 15. Birtholace 16. Informant. Little Market 16.	Major findings of uperatioos	
Address Frostburg M		ose to which death shoold be charged statistically. tternal causes, fill in the following; Date of
Location Transfer Management 18. Funeral director Address Transfer Management 18. Address Tran	Injured at home, farm, Industry, public Means of Injury	place (where?)
19. 12 - S 194 Mus Kall (Date rec'd by registrar)	Registrar Address Address	M. D. or other 4) Mg Md Bate signed 12-6-4)

Timesorrect age

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and let

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PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10756

CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County.	State Marchand County allegans
City or town	12-11.16
How long in above place of death?	Af chiside city of town limits, write RURAD and give nearest town
Hospital, institution of street address where death observed:	Sirest Ho. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war. Turst world war!
3. (a) FULL NAME Q / · · · · · · · · · · · · · · · · · ·	3. (b) Social Security Number
Dlair Martin Me	lloll, 705-09-869
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH 12 - 11 19 47 at 10 /A
6.(b) Name of husband or wife Elizabeth mellott	21. I CERTIFY that death occurred on the dale above etated; that I attended deceased from
6.(c) If alive, give ageyears	7/17 19 47 10 12 -7 19 4
7. Birth date of 0	and that I last saw hIAAAalive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If fess than one day	Immediate couse of death
51 1 19min.	(cardiac)
Bucket 7/000 Tolke 1 (P)	CD 2
3. Birthplace (Town, county, norstate)	Due to artic valvulitis ?
10. Usual occupation. Reliced	Due to Infection by Treponema Pallidian
11. Industry or business Raelroad	
12. Name alaniel mellott 13. Birthplace unknown	Diher conditions has - pharmys - tuches -
13. Birthplace Unknown	(Include pregnancy within 3 months of death)
E 14. Maiden name Saral, Drue	
15. Birthplace unknown	Major fiedings of operations
16. Interment Mrs. Elizabeth Mellott	Aniopsy resolts.
Address Troothera md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B : 1 1000 14 1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
Burial, cremation, or removal Which?) Day thereof (month) (day (year)	Accident, suicide, or homicide
Cemelery or - crematury	Where did Injury occur?
Location Trosting md	Injured at home, farm, industry, public place (where?)
18. Funeral director. Q. R. AQuerst	Meene of Injury Injured at work?
Address Drostburg Md.	A. J. T. Maner W.
12-14 42 Mun Marion & Ra	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address & 9 C. Main V. Frostburgte signed 12/12

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DEC 17 1947

MARYLAND STATE DEPARTMENT OF HEAL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

02111110111	L OI DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)
County Allegany	(For newborn infants give residence of
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. Co
How long In above place of death? 6 Hrs. & 40 minutes	City or townCumberland
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. 218 Arch St.
How long in hospital or institution? 6. Hrs. & 40 minutes.	2.(a) If veteran, name war
3. (a) FULL NAME	
James R. Murphy	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL C
male white married	20. DATE OF DEATH. Dec. 22
6.(b) Name of husband or wife Yirginia Files Murphy	21. I CERTIFY that death occurred on the date at
	19
7. Birth date of	and that I last saw himalead
deceased (mo., day, yr.) Jan. 9.1895	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral contusio
52 11 13hrsmln.	temporal region, m
9. Birthplace Tones Spring, Berkeley Ca. W. Va.	** cerebral edema also had calcifie
	****moderate corona
11. industry or business	Due to- accidentl
12. Name Warner Murphy 13. Birthplace Tones Springs. W.Va.	other and the roof of car
	dew/struck head o
14. Malden name Catherine Coffinbarger	Major findings of operations
\$ 15. Birthplace Tones Springs, W.Va.	Autopsy results as above
16. Informant Mass T. R. Murphy	PHYSICIAN: Please underline the cause to v
Address 218 Aven St., Cumberland, Md.	22. VIOLENCE: If death was due to external ca
(Burial, cremation, or removal. Which?) Date thereof Dec 24, 1947 (month) (day) (year)	Accident, suicide, or homicide. a.c.c.i.de
Cemetery or crematory Naw Norborn Cematery	Where did Injury occur? Cumberla East bound hump Injured at home, farm, industry, public place (
Location Flortins burg W. Vg.	injured at home, farm, industry, public place (
18. Funeral director. Johns 24.	Means of Injury as above Deputy Medical Exa
Address Comforted Mid.	23. SIGNATURH . V . Deming M
19. Les 36 19 47 Mente & Crony M. D. (Date rec'd by registrar) Registrar	Address Cumberland Md.

Cumberland
(If outside city or town limits, write RURAL and give nearest town) (If rurat, give LOCATION) (a) If veteran, name war 3. (b) Social Security Number 0. DATE OF DEATH Dec. 22 1. I CERTIFY that death occurred on the date above stated: that I altended deceased from **OURATION** Cerebral contusion left about temporal region, marked calcified aortic valve **moderate coronary sclerosis to- accidently slipped on of car, due to heavy ruck head on ballast.
(Include pregnancy within 3 months of death) Autopsy results. 2.8 above HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: If death was due to external causes, fill in the following: 12-22-47 East bound humb (County) B&O. R. Ry.

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Md. county Allegany

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DEC 30 1847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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*	ERTIFICATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Dewborn infants give residence of mother) State Dayland County County	
(If outside city or town limits, write RURAL and s	te nearest town)	wn)
Hospital, Institution, or street address where death occurred:	Street No. 21.7 Carrill St. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Office I	3. (b) Social Security Number More	er
4. Sex 5. Color or race 16. (a) Single married, with	MEDICAL CERTIFICATION 20. DATE OF DEATH 11. 27 19. 47 at 1.	12
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m 19
7. Birth date of deceased (mo., day, yr.) 221	and that I last saw harman alive on	19
	n one day atamouleurly Least	DURAII
9. Birthplace 6 MAL (Town, county, and state)	And Due to onest.	20
10. Usual occupation	Due to	
E 12. Name John Mm. Reff	S. Dither conditions.	
13. Birthfrace	(Include pregnancy within 3 months of death)	
15. Birthplace and	Major findings of operations. Date of op.	
16. Informant mas Tierra Little	Antopsy results	cally.
Address Communication Base thereof. 10.	22. VIOLENCE: If death was due to external causes, this in the following: Accident, suicide, or homicide	0.00.20.00
(Burial, cremation, or removal. Which?) Cemetery or crematory	Whers did injury occur?	e)
Location py Counterland	Injured at home, farm, Industry, public place (where?)	•••••
18. Funeral director This steem	23. SIGNATURE W. alped Vr Olnes	
Dec. 30 10 47 W.B. OV	M. D. or other	7 1

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

Allegany

Hospital, Institution or street address where death

How long in hospital or institution?.....

correct age

information of death cle

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4	6	1.14	70	(1)
1	H	31	1	59

DURATION

several years

at once

CERTIFICATE

Immediate cause of death.

Coronary occlusion

Due to arteriosclerosis

Injured at home, farm, Industry, public place (where?) .

Registrar

OF DEATH	Reg. Diat. No.
USUAL RESIDENCE (HOME) (For newborn Infants give residence	
Md.	county Allegany
or town Cumberlan (If outside city or town lir	dnits, write RURAL and give nearest town)
eet No. 11 Smith St	ive LOCATION)
a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL	CERT!FICATION
DATE OF DEATH Dec. 1	19 47 at 9 P. I

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

k.ems	116	MILLE	STITE	Te	
6.(b) Name of	husband or w	ile	B.(c)	If alive, give age	vears
7. Birth date o deceased (n	if no., day, yr.)	March 2			
8. AGE:	Years 78	Months 8	Days	If less than one day	min.
9. Birthplace.			eounty, and		2
11. Industry o	//_	m c	1 Hea	if ,	

Miss Tosephine O'Leary

(Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?

AddressCumberland Md. Oate signed 12-1

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PLEASE

Address

(Date ree'd by registrar)

Tym datecoard

RECEIVE

DEC 10 1947

P CASA PROBLEM

2411 N. Charles St., Baltimore

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	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, water the limits of the limits). How long in above place of death? How long in hospital or institution? How long in hospital or institution?	e RURAL and give nearest town)	Street No. 5	confinence of mother) County
3. (a) FULL NAME	ia Bet a	Dak	3. (b) Social Security Number
Devide White	ngle, married, widowed, or divorged	20. DATE OF DEATH.	c above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days 9. Birthplace	6.(e) It alive, give age	and that I last saw h 21 alive on	
A. Milden name Phelips 13	Aparia. leinty. France	Other conditions	
(Byrial, cremation, or removal. Which?) Cemetery or exematery	hereol (month) (dsy)/(year)	Autopsy results PHYSICIAN: Please underline the cause of the cause	to which death should be charged statistically. al causes, till in the following: Day of 11/2 2/11/7 Will (County) (State)
19. /2-/5 19.47 Mg. (Date rec'd by registrar)	Haucy X . Rose	Address Address	M. D. or other M. Date signed 2 73 - 47

ADING INK. Supply every item of information carefull. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN WITH UNFA

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PLEASE WRITE

(Date rec'd by registrer)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10761

DR. W. F. WILLIAMS

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 4

A	LLEGANY			(For newborn infants give r	esidence of n	nother)	
CIMBERLAND			State WEST VIRGINI	A Coun	MRRGAN		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 DAYS. Hospital, Institution, or street address where death occurred:				town limits,	, write RURAL and give ne		
	MEMORIAL HOS						/
How long in hospital	or Institution?3	DAYS	······································	2.(a) tf voteran, name war		County MBRGAN nits, write RURAL and give nearest town) ive LOCATION) 3. (b) Social Security Number 232-10-2539 CERTIFICATION 1	
3. (a) FULL NAM						3. (b) Social Security	Number
PAR	RKER, FRANK	F. MR.				232-10-2539)
4. Sox	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDI	ICAL CE	RTIFICATION	
MALE	WHITE	MAI	RRIED	20. DATE OF DEATH DECEMB	BER 24	19. 47.	4:55 A
6.(ô) Namo of husban 7. Birth date of deceased (mo., day	NADOU 1	6.(e) If allve, givo ageyears	21. I CERTIFY that death occurred on and that I last saw h	the date above	re stated: that I attended dec	eased from 19.4.19.4.
8. AGE: Yea		Days	if less than one day	Brouch o			DUNATION
7	70 9	7	hrs min.	Carcin			era.
B. Birthplace	KEYSTONE 7	A county, and a CANNING	G & GLUE CO.	Due to Metant	ive	Kilon	
			fish as a saddle and	***************************************	***************************************		
12. Name			Other Conditions			***	
8	Mar		McBride	II .			
14. Maiden name			pring, W. Va.	Major findings of operations			
			ey Parker	Autopsy results	canse to wh	ich death should be charged	att.
Burial, crematic	ial on, or removal, Which?) atory Can	Date ther	eof. 12/28/47 (month) (day) (year) Cemetery	Accident, suicide, or homicide	•••••	Date of	
Location		Paw I	Paw, W. Va.				
			Parks.	Mesns of Injury		tnjured at work?	
Address		ey Spi	ings, W. Va.	b21-	-1Q:	Iliano	
	26 1947	No	to Q. Ind. no	23. SIGNATURE			or other

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DEC 30 1947

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10762

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	Md. State Md County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 12 Laing Ave
3. (a) FULL NAME	3. (b) Social Security Number
William Max Phillips	236-14-9636
4. Sex 5. Color or race 6.(a) Single, married, widowed, or div	about
male white single	20. DATE OF DEATH
S.(b) Name of husband or wife	10 10
7. Birth date of	years and that I last saw h im all Doad Dec. 2 19 4
deceased (mo., day, yr.) June 22-1914	Immediate cause of death
8. AGE: Years Months Days It less than one day	Methane Gas Poisoning about
33 .5 /Ohrs	
9. Birthplace Tunnelton W. Va. (Town, county, and state) 10. Usual occupation B & O. Fireman	high & no ventilation hours
11. Industry or business Railroad	Due to
買 12. Name Joseph Warren Phillips	Other conditions
13. Birthplace Rural) Tunnelton W. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Rebecca Hooto	
14. Maiden name. Mixture. E. Maiden name. Mixture.	Major indings of operations
ž 15. Birthplace Rowlesburg W. Va.	Date of op.
14. Maiden name Margaret Rebecca Hooto 15. Birthplace Rowlesburg W.Va. 16. Intermant Joseph Carleton Phillips	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Morgantown W. Va.	
Buried Date thereof Re 5 10 (month) (day	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. accident Date of Dec. 2-47
Cemetery or crknyCampground	
Location near Turnelton W. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Marles L. Georg	ac above
Address Commberland, mo	
19 Date rec'd by registrar)	M.D. or other Registrar Address Cumberland Md. Date signed 12-3-47



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10763

CERTIFICATE OF DEATH

	CERTIFICATE OF		Reg. Diat. No	
1. PLACE OF DEATH: County City or town (It dutaids eity or coyn limits, write RURA) How long in above place of death? Hospital, instillution, or street address where death occurred:	L and give nearest town) City or	F. Harris	write RURAL and give nor	contown)
How tong in hospital or institution?	2.(a) If	veteran, name war		
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, mark	ried, widowed, or divorced	Shimme	3. (b) Social Security N	lumber
Female Dochete In a	2D, DATE	OF DEATH DECEMBE		
6.(b) Name of husband or wife	The state of the s	RTIFY that death occurred on the date abo	42 to Alse 2	3 1947
8. AGE: Years Months Days if	less Ihan one day Comment of the	cut Chalic	eptotis	72hs
9. Birthplace (Town, county, and state) 10. Usual occupation.	6			
11. Industry or business 12. Name 12. Name 13. Birthplace 6 hallange	Dither co	Inditions Inditions Inditions Inditions Inditions Indiana.	nt crubs	2 4/15
14. Malden name Transcomments of the 15. Birthplace elythango,	Major fi	indiogs of operations		
16. Informant Address 2 4 4) A pressure	Jesthy	results	hich death should be charged st	tatistically.
(Burial, cremation, or remyval, Whith?) Complexy or crematory	(month) (day) (year) Accident	, suicide, or homicideid injury occur?(City or town)	Date of	(State)
Location Location		at home, farm, industry, public place (wi		
Address Address	23. \$16	NATURE Hildu Jase	sWaltry	me
19. 12 26 19 (Date rec'd by registrar)	CLY X. Registrar Address.	Frostling	M. D. or	12/26/x7



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	1	.0	7	80	
Reg.	Diat.	No.		-	

CERTIFICAT	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County	State		
	MEDICAL CERTIFICATION		
male white married 6.(b) Name of husband or wife Evelyn Metz Potter 5.(c) If alive, give age 23 years	2D. DATE OF DEATH		
deceased (mo., day, yr.) Aug	Immediate cause of death reactured 3rd cervical vertebrae & fracture of both legs once		
9. Birthplace Knoxville Maryland (Town, county, and state) 10. Usual occupation Naval Supply Depot 11. industry or business Mechanicsburg, Pa.	walking along highway		
12. Name Unknown 13. Birthplace Unknown	Other conditions 2. lacerations of scalp		
14. Malden name	Major findings of operations		
Address Knoxville, Md. 17. Burial Date thereof Dec. 6, 1947 (Burial, cremation, or removal Which?) Cemetery or crematory Zion Memorial Cem. Location Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. C. 5 19 47 Registrar) Registrar	Injured at home, farm, Industry, public place (where?) highway. Route. 22. Mesns of Injury as above Injured at work? no Page 11. Deming. M. D. M. D. Other M. D. Other		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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G NK. Supply every item of information carefully clans: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DR. WHITWO	RTH		CERTIFICAT	TE OF DEATH	Reg. Diat. No.
How long in above place of Mospital, Institution, or str	NY BERLAND, M side city or town lin death?	1 day	CAAL and give nearest town)	City or town RT 2, RIDG (If outside city or town lin	of mother) County MINERAL ELEY, WEST. VIRGINIA nits, write RURAL and give nearest town)
How long in hospital or In	stitution?	gay		2.(a) If veteran, name war	
3. (a) FULL NAME BABY G	POWNAI		nn		3. (b) Social Security Number
FEMALE 5	WHITE		e, married, widowed, or divorced	MEDICAL 20. DATE OF DEATH. DECEMBER	CERTIFICATION 19 47 at 1:2
		6.(c	c) If alive, give ageyears 1947	21. I CERTIFY that death occurred on the date	above stated: that I attended deceased from 19. 2., 10
8. AGE: Years 9. Birthplace ALLEG	Months	Oays 1	If less than one dayhrsmin.	Immediate cause of death	
10. Usual occupation 11. Industry or business	DICK POW	county, and a	f	Due to	
15. Birthplace	MARJORIE WEST VI	AMBROS RGINIA		(Include pregnancy within Major fiadings of operations	
Address 17(Burial, cremation, of Cemetery or crematory)	110. 11.	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external accident, suicide, or homicide	Date of
18. Funeral director	J. J. J. Keepse	oge v, lo	Ja. R. Tautz, M. S. Registrar	Means of Injury	Injured at work? Shulwork M. D. or other

MARGIN RESERVED FOR BINDING

WRITE

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	CERTIFICATE OF DEATH	Reg. Dist. No.
City or town	AL and give nearest town) Cily or town	(HOME) OF DECEASED: give residence of mother) County
How long in hospital or Institution?		(Ifrural, give LOCATION)
3. (a) FULL NAME Margaret 1 4. Sex 5. Color or rate 6. (a) Single, mar	ean Ravenscraft	3. (b) Social Security Number
Female White Established	hild 2D. DATE OF DEATH	edical certification 24th 1947, at 2 P-11
o. Adl.	alive, give ageyears and that I last saw h	red on the date above stated; that I attended deceased from 19
9. Birthplace. Prostlery allegen, county, as at a te	Due to.	
12. Name Wilson Raver 13. Birthpiace Transplan 14. Maiden nam Anna Belle My 15. Birthpiace Scatland	rd .	gnancy within 3 months of death)
16. Informant Istilson Ranen Address Midland,	Autopsy results. PHYSICIAN: Please underline 22. VIOLENCE: If death was	e the cause to which death should be charged statistically.
	Where did injury occur?	(City or town) (County) (State) , public place (where?)
Address Louisoning 19. Dic 30 (Date rec'd by registrar)	23. SIGNATURE HAMMED Address R. J. B. Address R. Address R. J. B. Address R. Address R	Cumbrale Jandoare signed Dec. 29. 4.

JAN 6 1948

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

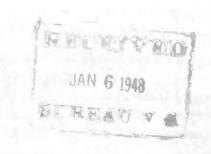
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CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH: Ollegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	m. a.
Cily or town	State O Prefatta Coppity College
How long in above place of death?	City or town
Mospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAMER	3. (b) Social Security Number
Michael Clement Re	Eagan 217-07-7871
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH DECLUM 25th 19 47 21 9:15
6.(b) Name of husband or wife Lens Reagan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	DEcuber 10- 1047 Nec. 25 12 19 4
7. Birth date of	and that I tast saw h un ative on DEductor 23 = 19
	Immediate cause of doth.
8. AGE: Years Months Days It less than one day	Coronar Occlusion. (Eurmina)
499,6 KNhrsmin.	0
9. Birthplace My Savage allegans Md	Due to
(Town county, and state)	
1B. Usual occupation. Machinette had fell	. Que to
11. Industry or business (elserese plant	
	Other conditions Moderate Vascular
12. Name Michael Realpaul 13. Birthplace Marulaud	Tous turing
E Xanal I maller	(include pregnancy within 3 months of death)
14. Maiden name Sarah malley md 15. Birthplace mk Savage md	Major findiess of operations
E 15. Birthplace M. Sarage Md	Date of op.
16. Informant Mrs Bertles Fair'ell	Autopsy results
Val land mid	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address PM Awage 100	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or remys). Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
11 (7=15 - 160)	Where did Injury occur?
Cemetery or cremetery	
Location My Marage Ma	Injured at home, farm, Industry, public place (where?)
16. Funeral director. J. R. Derst	Meens of Injury injured at work?
1/2 -++ m/1	Uxiliam E. misely m. D.
Address I Troeling Ma.	23. SIGNATURE William C. Mischer M. D. og other
10 Dea 27- 1947 Verreit in Wennet	man/2,000 /2/2
(Date red d by fegistrar) Registrar	Address Date signed Date signed



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W. 1	M.EB	
Dr.	Carene	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10768, Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Allegany City or town. Oldtown, R.D.1 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 year Hospital, institution, or street address where death occurred:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Allegany City or town Oldtown R.D. 1 (If outside city or town limits, write RURAL and give nearest town) Street No. Near Oldtown, Md. (If rural, give LOCATION)		
How long in hospital or ins	titution?		······································	2.(a) If veteran, name war		
3.(a) FULL NAME Martha	Jane Re	ckley		3. (b) Social Security	Number	
	. Color or race	6.(a)Singte	e, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19 19	7, 255	
			c) If alive, give ageyears	21. I CEBTRY that death occurred on the date above stated; that datended dece	ased from	
8. AGE: Years 2	Months 10	Days 6	If less than one dayhrsmin.	Damedicte cases of death	44	
1D. Usual occupation	Infan	t	rany, Maryland	Due to		
1				Major findings of operations		
	oseph I			Antopsy results PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
17 Burial (Burial, cremation, or Cemetery or crematory. Location K1	Rec fer. Ma	kley rvlan	3	22. V10LENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide	(State)	
	Greene	Stre	orge et Q. Shauholt	Meens of Injury Injured at work? 23. SIGNATURE M. D. M. D.	gr other	
19. (Date rec'd by regist	19.44./	6.4	Registrar	Address 133 V a a Date signed	11/16/4	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10769

CERTIFICATE OF DEATH

/		CERTIFICA	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DEA	ATH Allegan	у	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	
	Cumherlei	nd	state Maryland co	Allegany
City or town(If o	utside city or town limi	its, write RURAL and give nearest town)	Cumberland	
			City or town Cumberland (If outside city or town limi	ts, write RURAL and give nearest town)
Hospital, institution, or	street address where dea	ath occurred:	Street No. 472 Goethe S	t
472 (street address where des Goethe St	• 5	Street NO(If rural, giv	re LOCATION)
	1 . 111 . 11 0		2.(a) if veteran, name war	
	Institution?		2.(a) it folders, mand the	
3. (a) FULL NAME	E	AST DECE		3. (b) Social Security Number
	IDA M	AY RICE		None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White	Widowed	Dog 27	117 70:20
				1947 -10:20
	or wife Theod	ore Rice	21. I CERTIFY that death occurred on the date a	bove stated; that in tended deceased from
			June 2	93 to wee. 31 19.9
7. Birth date of			and that I last saw h en alive on All	C. 30
deceased (mo., day, y	m.) July 2	, 1859	Immediate cause of death	DUBATION
8. AGE: Years		Days If less than one day	lu aria	to du
88	5	28hrs	nin.	
			Leader Bu	340
9, Birthplace Cul	mberland	Valley Gamayum	Due to Due to	over of.
	Housewi	Julity, and state,		
1D. Usual occupation	HOUSEWI	1 6	Due to	
11. Industry or busines	s			
El. Ne	lson Paxt	on o	Dther conditions of of acc	
	Cumb Ve	11ey, Massylvanie		
			(Include pregnancy within	3 months of death)
量 14. Malden name.	Susanne		Major findings of operations	
14. Malden name.	Cumb. Va	11ey, Kausylvanio		
	ss Goldie		Autopsy results	
16. Informant			managed and the state of the st	which death should be charged statistically.
Address 472	Goethe S	t., Cumberland, Mo	l.	
17 Burial	-	Date thereof. Jan. 3, 19 (month) (day) (year)	22. VIOLENCE: IT death was due to external o	
(Burial aremation	n, or removal. Which?)	(month) (day) (year)	Accident, sulcide, or homicide	
Cometery or cremate	ory Greenm	ount Cem.	Where did Injury occur?(City or town	(County) (State)
Schicicity of Stomas	Cumberl	and, Md.	injured at home, farm, industry, public place	(where?)
			Marrie of talium	injured at work?
18. Funeral director	Charles L	. George	Msans of injury	
10.14	Cumberlan	d Md.	Ye Caro K	of Brown 17
Address	- MIIOCI I MII	- 1 1 T + M	1 23. SIGNATURE	M. D. ovother
1. Chans	2, 19 4 8	lux mans. III	DI Relati	e Wed . m. s. opening, / V.
19	(fingle)	Regis	trar Address	Date signed



contect

PLEASE WRITE PLAINLY, WITH UNFADING ING. Supply every item of information carefully. The can is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10770

Dec 3	1947
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CERTIFICATE OF DEATH

Reg. Diat. No.....

How long In above place Hospital, Institution, or	outside city or town line of death?	feath occurrent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of muther) State County City or town (If untside city ur town limits, write RURAL and give nearest town) Street No. (If ruyal, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAM		Ella · Richards	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	" COYLL
Female	White	Widowed.	MEDICAL CERTIFICATION 20. DAYE DF DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19
		omas Davis Richards	21. I CERTIFY that doath cocurred on the date above stated; that I attended deceased from 19
8. AGE: Year 9. Birthplace	Months June (Tuwn, House W	Bays If less than one day hrs. min 23 12 35 5 county, and state)	
11. Industry or busines 12. Name	William	Carl Pa	Diher conditions
14. Malden name.		regory Pa	Major findings of operations. Date of op.
16. Informant	Carl Ric		Autopsy results
17. Sused	n. or removal. Which?)	Date thereof He (month) (day) (year)	22. VIOLENCE: If death was due to external causos, fill in the following; Accident, suicide, or homicide
Location		ncock Md.	Injured at homo, farm, Industry, public place (where?) Means of Injury Injured at work?
Date rec'd by re	19.4.5	W.R. Frantz, M.D.	M. D. ur uther

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

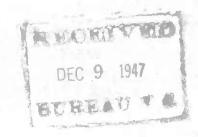
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CERTIFICATE OF DEATH

2

1. PLACE OF DEATH: County Allegany City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 82 Yrs 8 Mo 2 Days Hospital, institution, or street address where death occurred: Rural Flintstone, Md.			City or town(tf outsid	nd Count Flintston le city or town limits. Rural (Ifrural, give L	Allegan	earest town)	
3. (a) FULL NA		***************************************	***************************************	2.(a) If veteran, name war	1	3. (b) Social Security	M
J. (a) TOLL IVA		Thomas	Robosson			None	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male	White		Widowed	20. DATE OF DEATH	December	5 1947	at 5-40 A
			c) If alive, give ageyears	and that I last saw h. Adm	19.5	stated: that I altended dec	5 19 7 /
	ars Months	Days	It less than one day			2007	
82		2	hrsmln.				
10. Usual occupation	nFa	armer		Due to		<i>(2)</i>	zyri
	We wer T	2 2 2		(tnelude p			
14. Malden nam 15. Birthplace	Bell	le Grov	e, Md.			Oate ot op	
16. Informant	7779 2	T. Ro	bosson.Jr.	PHYSICIAN: Ptease under	rline the cause to which	ch death should be charged	statistically.
17. Buri	al		eof. 12/7/47 (month) (day) (year) t Cemetery	11	de	Date of (County)	
		Chamban	land, Md.			re?)	
			H. Kight	Means of Injury		tnjured at work?	
18. Funeral director			rland, Md.	23 SIGNATURE R	Work	evaskis	de
19. Dec. 6	registrar) 18.47	n. M	is L. Bender	Addres Ceres	reloud	md M.D. Date signed	or other See 6-47



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Dist. No.

DURATION

1. PLACE OF DEATH: ANY			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County	ATTENT ASIT			MARYLAND)	ALLEGANY		
City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)			JULIA CUMB	City of common Cumberland State County City of common Cumberland State County City of common Cumberland State County City of county Cumberland State County				
How long in above plac	e of death?			(If outside	e city or town limits,	write RURAL and give no	earest town)	
Hospital, Institution, o	r street address where	death occurred:		Streef No. KT. #	.3			
		DAYS			Olf rural, give I	OCATION	. 1 V	
How long in hospital o	or Instilution?	DAID	······································	2.(α) tf veteran, name war	pans	IL umuce	moved of	
3. (a) FULL NAM	IE					3. (b) Social Security	Number	
ROLLII	NS, WILLIA	MI. N	MR.			None		
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	- II	MEDICAL CE	RTIFICATION .		
MALE	WHITE	WII	OOWED	20. DATE OF OEATH DEC	. 16, 19	19	,at9:1	
	ROV	JE. NET	LIE	21. I CERTIFY that death occ	curred on the date above	e stated: that fattended dec	eased from	
6.(b) Name of husband	d or wite			Usy. 2	6 19.Y		6 19	
7. Birth dale of			ff alive, give age	years and that I last saw h	alive on		19	
deceased (mo., day,	yes fan	721	865	Immediate cause of death	. 0		DURA	
8. AGE: Year		Days	If less than one day	Oo he lead to	1 1 lean	uboses		
82	10	24	hrs.	. min.			****	
10. Usual occupation	RETIRED	, county, and at	ate)	Due to				
E 12, Name	LLINS,	sh.		Other conditions			***	
		TO .	,	(Include p	regnancy within 3 m	onths of death)		
14. Maiden name	B		3.	Major findings of operation	16			
15. Birthplace						Date of op		
16. Intermant	no Vera	- 100	gman	Autonsy results	PU	ich death should be charge		
Address	R1 #3	Om	Suland					
17. Brand	al	Date there	of Old 20 4 (month) (day) (year	22. VIOLENCE: ff death wa		Date of		
Cemetery or crema	11 (nanys	6em	Where did lajury occur?			(State)	
Location	Cumso	ularo	1 and			ere?)		
18. Funeral director.	Lom	Ste	in Jac	Means of Injury	/ X	Injured af work?	0	
Address	Ces	mker	land	an Signature of	11	rosov (in	
19. 12-1	19-47.19	les	R. Frank, M	Strar Androse G Yucan	A week	eslace 12 M.D	or other	
(Date rec'd by r	régistrar) (U Reg	Address	Make and a second			

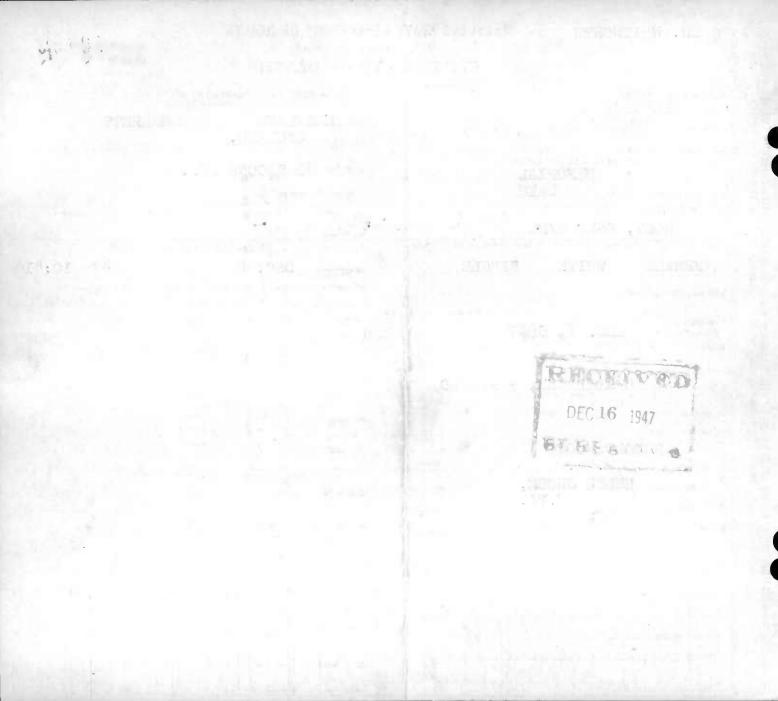
Etein (Vaine Leen enters) DEC 24 1947

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DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

	ATE OF DEATH
CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	state MARYLAND County GARRETT
CITY or town	
low long in above place of death?	City or town CAKLAND (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No62 SECOND ST
MEMORIAL Nospital Now long in hospital or institution? 2 DAYS	1
	2.(a) it veteran, name war
ROOT, BABY GIRE Tartara	13. (b) Social Security Number Mal
6. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE NINGLE	20. DATE OF DEATH DEC. 8 19 47 , at 10:4:
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decrased from
	De 19 / 10 DA 19 19
T. Birth date of deceased (mo., day, yr.) DEC. 6. 1947	and that I last eaw h. Callive on
B. AGE: Years Months Days If tese than one day	Immediate cause of death
2 Aleganies Count	nin. Hencelly
()00	
9. Sirthplace	Due to.
10. Usual occupation	Due to
11. Industry or business	990 10
	Dther conditions
12. Name ROBERT ROOT 13. Birthplace W.VA.	
	(Include pregnancy within 3 months of death)
14. Maiden name. HELEN SHOBE, 15. Birthplace W. VA.	Major hudings of operations.
El 15. Birthplace	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 62 Second St., Jakland, Mil	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal) Whigh?) (Burial, cremation, or removal) Whigh?)	
Alebland Com	
Cemetery or crematory.	Where did injury occur?
Location John Sandy May	Injured at home, farm, Industry, public place (where?)
18. Funeral director Kavest Knot- Falker	Mesns of Injury Injured at work?
Address Jabland Md.	Jula Broken
0 - 9 1 1 1 + +)	23. SIGNATURE M. D. or other
19 Nec 8, 19 47 WK ONLING N	112 Restant . Boto algorithm

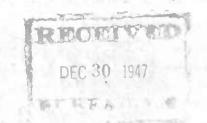


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	TORRE
Reg. Dist.	No. 4 *

DR. W. F. WILLIAMS	2411 N. Char	EPARTMENT OF HEALTH lea St., Baltimore 83 a TE OF DEATH	10774. Reg. Dist. No.
How long in above place of death?	AND limits, write RURAL and give nearest town) lay	Street No. 613 WILLIAM	of mother) County ALLEGANY mits, write RURAL and give nearest town) AS ROAD give LOCATION)
3.(a) FULL NAME SHAW. SELVY MR.			3. (b) Social Security Number 705-07-950
4. Sex 5. Color or race WHITE	6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL 20. DATE OF DEATH. DECEMBER	CERT'FICATION' / 24 2:45
8. AGE: Years Months 72 3 9. Birthplace MARYLAND (Town	MARY	Due to	Date of op
Cemetery or crematory	narys lem.	Where did injury occur?(City or to	wn) (County) (State)



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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

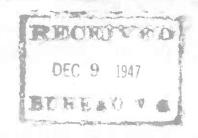
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CERTIFICAL	IE OF DEATH Reg. Diat. No. 2		
1. PLACE OF DEATH: County 4 //e 94910 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State MARY and County alegany City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 16 42.42.5 Hospital, Institution, or street address where death occurred:	Street No		
How long In hospital or Institution?	2.(a) If veteran, name war		
3.(a) FULL NAME SHEAH TABITHA	Shipe 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Denuste white Widow	MEDICAL CERTIFICATION 2D. DATE DF DEATH DEC 7 19 47 21 12:40		
6.(b) Name of husband or wife I Saac 541pe	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
7. Birth date of deceased (mo., day, yr.) August 18, 1861	and that I last saw h. e. R. alive on		
8. AGE: Years Months Days If less than one day 8. AGE: 19 Months J 19 Months If less than one day 19 min.	Chaodic myacarditis		
9. Birthplace Pregirrs wille HARdy, W. Ca. (Town, county, and atne)	Due 10		
10. Usual occupation Domes Tie 11. Industry or business Quin Klome	Due to		
12. Name HEARY Sulser	Dther conditions		
14. Maiden name MARY 14, gr	(Include pregnancy within 8 months of death) Major findings of operations.		
15. Birthplace W. U.	Date of op.		
16. Informant MRS Nellie Wolfe Address Kuke, Md.	Autopsy results		
Buriel Dec 9, 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof	Where did injury occur?		
Legser, W. Va.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director £1/5worth S. Boal	Means of Injury Injured at work?		
Address WESTERN PORT, Md.	23. SIGNATURE TE Berry M. J.		
19. Dec 8 19.47 Afragankaber M. (Date rec'd by registrar) Registrar	Address Piedmant, W.Ja. Date signed DEC -8-194		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

107764 Reg. Dist. No.

					/
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) (For newborn infants give residence		
City or town. CUMBERLAND MARYLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		State MARYLAND County ALLEGANY City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: MEMROIAL HOSPITAL,		Street No. 29 WEBER ST	ve LOCATION)	o x = 0 = 0 = 0 = 0 = 0 + 0 + 0 + 0 + 0 + 0	
How long in hospital or	Institution?	DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME CHARLE	ES M. SHR	YOCK		3. (b) Social Security No. 196-09-24	
4. Sex	5. Color or sace	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	11110
MALE	WHITE	MARRIED	20. DATE OF DEATH DEC . 1	1947	2:15P
6.(b) Name of husband	or wife MARYI	AND MOWER	21. I CERTIFY that death occurred on the Gate	above stated: that I attended decease	ed from
7. Birth date of	***************************************		and that I last saw h. La Mailve on		19.14.5
deceased (mo., day, y			Immediate cause of death		OURATION
8. AGE: Years		Days If less than one day 2 0min.	Consump	Brambalis	
9. Birthplace	MARYLANI	county, and state)	Oue to		••••
an II al convention	Mechan	1.c			***************************************
		rise Amusement Co.	Oue to		
		RYOCK	Other conditions		***************************************
	GENEVA MI	ATHEY	(Include pregnancy within	***************************************	
	3643	Classes a ale			1.0
		yn Shryock t. Cumberland, Md.	Autopsy results. PHYSICIAN: Please underline the cause to	which death should be charged st	atistically.
	, or removal. Which?		22. VIOLENCE: If death was due to external Accident, sutcide, or homicide		
Cemetery or cremator	Shryo	ck Family Cem.	Where did injury occur?(City or tow	n) (County)	
		k, Md.	injured at home, farm, industry, public place		
18. Funeral director	Charle	s L. George	Means of Injury	Injuryed at work?	
Address		land, Md.	23. SIGNATURE John /	x. Koznum	WW
19. Hec. 3	3 19.4.7	W. Fautz, M. D.	Address Culvania	M. D. or Date signed	12/2/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

t age		E OF DEATH 10777 Reg. Diat. No.		
n carefully. The dorset	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
TDING cem of information carefully causes of death clearly and	3. (a) FULL NAME 2. September 1. September	3. (b) Social Security Number 149-05-12/5 MEDICAL CERTIFICATION 20. DATE OF DEATH. Sec. 3 1947, at 7 20 A		
RGIN RESERVED FOR BINADING FOR BINADING FOR Supply every if Physicians, please write the	6.(b) Name of High Authorities Malting Talley 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6.5 6 7	25 TOERTIFY that death occurred on the date above stated; that I attended deceased from 19		
	9. Birthplace	Oue to. Oue to. Other conditions.		
WITH U	13. Birthofface 14. Maiden name Susum Complex 15. Birthofface 16. Informant Address Address	(Include pregnancy within 3 months of death) Major findings of operations		
9.45.15M WRITE PLAINLY, is especially	17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location Location Location Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide		
VS A15	18. Funeral director Address Complexitated M 19. La 5 19.47 Nate Dodge M (Date rec'd by registrar) Registrar	23. SIGNATURE SOLD THE M. D. or other 4-4 Address O & Lo Carar & Date signed N. 4-4		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

7	
1. PLACE OF DEATH: 1/10-10	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegneny	(For newborn infants give residence of mother)
City or town	State Mary and County Allegheny
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dorothy Louise Smi	ith
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	20. DATE OF DEATH December 5 19 47 at
6.(b) Name of hueband or wife	21. I CERTYY that depth occurred on the date above elated; that attended deceased from
	19 to 000 19
7. Birth date of Tames 25% 13 1931	and that t fact caw h
deceased (mo., day, yr.) January 13, 1931	Immediais cause of death
0. AGE.	
16 10 22hrsmin.	auto survilling
8. Birthpiace Ellerslie, Allegheny Co., Md.	Due to
(Town county, and state)	101.0
1D. Usual occupation Student	
	Due to.
11. Industry or business	
12. Name Sherman Smith 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Virgie Emerick 15. Birthplace Pa	
D ₂	Major findings of operations
El 15. Birthplace	Date of op.
16, Informant Man Man	Autopsy results
Address Ellerslie, Md.	PHYStCtAN: Please underline the cause to which death should be charged statistically.
0 0 0	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Dec. (month) (day) (year)	Accident, suicide, or homicide
Madley	Where did injury occur?
Location Landonderry Twp., Bedford Co, Pa.	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. H. Leigher	Meens of Injury Ujured at work?
	10 May 1000 /110
Address Hyndman Ha,	23. SIGNATURE TITLE THE TELESTICAL TO THE TELEST
10 tech 147 I Lland Walfe	M. D. or other
(Date rec'd by registrar) legistrar	Address Date signed

DEC 15: 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CED	TIEI	CAT	TE OF	DE	ATL
LEK	HILLI	L.A.	LC UT	175	$A \mid \Box$

	Reg. Dist. No
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
	, Allegany
City or town Ellers ie (If outside city or town limits,	write RURAL and give nearest town)
Street No. (If rural, give I	OCATION)
2.(a) if veteran, name war	
	3. (b) Social Security Number
	214-07-0180
MEDICAL CE	RTIFICATION
20. DATE OF DEATH December	17, 1947 at 2:30 A.
21. I CERTIFY that death occurred on the date above	stated: that I attended deceased from
1214-18	470 12-11 19 47
and that I last saw h	2 - 2 1 - 19'7'
Immediate cause of death	DURATION
	1
Due to	
Due to	
Other conditions	
Une Continues	
(Include pregnancy within 3 m	
Major Madage of operadoan	conons_
	Date of on Control
Autopsy results. PHYSICIAN: Please underline the cause to whi	
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
Injured at home, farm, industry, public place (whe	
Means of Injury	Injured at work?
h/	X-11/12000
23. SIGNATURE	M. D. or other
Addross Curibley	Dato signed 12/19/14

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and especially WRITE PLEASE

11		CER	TIFICAT
A. PLACE OF D	EATH:		
County 91	legany	***************************************	
City or town	112×57; e	mits, write RURAL and give no	
How long in above place Hospilal, institution, o	co of death?	weeks	earest town)
How long in hospital	or Institution?		AMT
3. (a) FULL NAM	Rodne	y Kelsall 5	
4. Sex	5. Color or race	6.(a) Single, married, widowed,	or divorced
M	12	Married	
6.(b) Namo of husban	d or wife	o Barnett	
7. Birth date of deceased (mo., day	yr) Tanua		years
8. AGE: Yea		Days tf less than one	day
6	1 11	15hrs.	min.
9. Birthplace	(Town	county, and state)	
11. Industry or busine	ess K-5 Tir	e Co.	
12. Name	errit s	Monour	
	~1	11	
6	Mary C	Menon	•••••
	se Lulu 5.		
Address Ell			
B	1		er 20.1947
(Burial, crematic	on, or removal. Which?	Bate thereof December (month)	(day) (fear)
_	- 11 -	Pa,	
18. Funeral director.	John &	Hofe	
Address Cea	alberthe	4	
19. Dec	18, 19.4-	Lleyd	well
(Date rec'd by 1	registrar)/ /	(/	Registrar



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10784 Reg. Dist. No.

IV	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Olegani	(For newborn infants give residence of mother)
City or town	State County County
	City or town(If outside city or town limits, write RURAL and give nearest town)
How long to above place of death?	Street No. 421 Loner St.
421 Homer St	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
outh Jeanette	Stafford Tone
4. Sex 5. Color or race B.(a)Single, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Dury lo.	20. DATE OF DEATH. Dec 2 19.4.2 at 7: A
	21. I CERTIFY that death occurred on the date above stated: that I attended disceased from
6.(6) Name of husband or wife	200. 30. 18 4/10 Dec- 2: 1947
7. Birth date of years	and that I last saw h alive on 154
deceased (mo., day, yr.) Saw 21, 1943	Immediate cause of death
8. AGE: Years Months Days If less than one day	A Blotherin 10 do
4 10 11hrsmig.	
C 10000 C 7. 0	Due to.
9. Birthplace	b Due 10.
1D. Usual occupation.	Dus to
11. Industry or business	
EI 00 74 5 1/2	all a condition
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Norma Zinn 15. Birthplace Meyersdale Pa.	Major findings of operations
El 15. Birthplace Meyers dale la.	Date of op.
16 totormant Mrs Mouly Zym Carey	Autopsy results
Address 421 Jones A Colorland Tal	PHYStCIAN: Please underline the cause to which death should be charged statistically.
10 10 10 10 10 10	22. VIOLENCE: If death was due to external causes, filt in the tollowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Aut Herman Cemeters	Where did injury occur?
Charles Tul	Injured at home, tarm, industry, public place (where?)
Location Control of The Control of T	Means of injury Injured at work?
18. Funeral director	- 1 Secret
Address Culubeland und	TO SIGNIFIED BLOOM DE
Ala 3 42 hup trust m.	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town	State I Mary Land County Legaling
How long in above place of death?	(I cutyle city or town RURAL and give marest town)
Hospital, Institution, or street address where death occurred:	Street No. 7 Furnacd St
12 Turnage St.	(If rural, give LOCATION)
Hew long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	d 3. (b) Social Security Number
Jamas Durkworth Stars	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale Whate Vordowed	20. DATE OF DEATH 12/3 1947, 91, 2 A M
6,(b) Name of husband or wite John Stark	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	9/27/47/19 10 19
7. Birth date of	and that I last saw h.R. K. allve on 9 2 7
deceased (mo., day, yr.) Planch 13, 18 64	Impediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Congepline heart
9. Birthplace New Germany, Garrett G., Pal	January Tourist Touris
(Town, county, and state)	Zoue to.
10. Usual occupation. Australia gran	Due to.
11. Industry or business Own Home	
12. Name. Airan Frankrany Juneth	Diher conditions
13. Birthplace new servany Tanjetty, of	(Include pregnancy within 3 months of death)
14. Maiden name Relicional Prichall	Major fiadings of apprations.
14. Maiden name Rebecca michael 15. Birthplace Finn Rock and	Date of op.
16. Informant Clarific Paris Company	Antopsy results
Address Long Beach Cal	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal, Whigh?) Date thereof. Sec. 5, 90 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mys Germany Country	Where did Injury occur?
Location Rear Germany Stairett Granted	Injured at home, farm, Industry, public place (where?)
18. Funeral director D. Elichbour	Means of Injury Injured at work?
a · on !	Q AC & A
Address of an acongress of the	23. SIGNATURE Faul Engere orgen M. A.
18/27 Samuelle M Gool	P. M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 2 4 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

B Reg. Dist. No.

/	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	City or town	F DECEASED: mother) inty s. write RURAL and give nearest town) LOCATION) 3. (b) Social Security Number RTIFICATION 19.47. at 11.30. P. we statedy that I attitude degraced 19.47.
7. Birth date of deceased (mo., day, yr.) February 2, 13 8. AGE: Years Months Days If le	and that I last saw ham alive on Immediate cause of death Immediate cause of death Due to.	DURATION DURATION
11. Industry or business Pa. Tailroad 12. Name John H. Stull 13. Birthplace Philadelphia F 14. Maiden name Saphia Scha 15. Birthplace Alsace Lorraine, 16. Intermant Mas. Myrtle Shap	Major findings of aperations. Autopsy results.	Date of op.
Address 50 Browning 5t. Co. 17. Bur a (Burlal, cremation, or removal, Which?) Cemetery or crematory Kaf P Green was to constitute the constitute of the co	22. VIOLENCE: If death was due to external cau month) (day) (year) Accident, suicide, or homicide	Dale of (County) (State)

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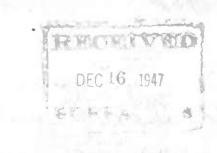
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County alleguny	(For newborn infants give residence of mother)
City or town Cumber and	State Md County Qalegary
(If outside city or town limits, write RURAL and give nearest town)	City or town Cumber Come!
How long in above place of death? 45	City or town
Hospital, Institution, or street address where death occurred:	Street No. 415 Raca St.
413 Nove 25	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	O 3. (b) Social Security Number
Tyre ama Virgin	a Swarttey
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	7 Tune
1 0 G + G + G O O O O O O O O O O O O O O O	MEDICAL CERTIFICATION
stemale while widowed	20. DATE OF DEATH. A 20 8 19 47 21 9:20 PM
Danie 105 100	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	mass———————————————————————————————————
T. Birth date of	
deceased (mo., day, yr.) Sept 12 . 1866	and that I last saw had alive on 19
8. AGE: Years Months Days It less than one day	Immediate cruse of death
S1 2 21	
8 2 28min.	Calle Ougulating 1001
9. Birthpiace Lebonon Indiana.	Due to 1
(Town, county, and state)	Andelluser Corder 5.
10. Usual occupation	Due to MASBULAN SION
11. Industry or business at Joure	
H 12. Name Martin Rober	Them alen
	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name alice Mcade.	
14. Malden name	Major findings of operations.
THE RIT BOUNDS	Date of op,
16. Informant	Autopsy results.
Address 328 tayelle St- unberland kg	PHYSICIAN: Please underline the cause to which death should be channel statistically.
Burgal Kes 11 10x7	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Lose Hell Cemeters	Where did injury occur?
0 0 0 0 19 0	
Location Churchestand, guas	Injured at home, tarm, Industry, public place (where?)
18. Funeral director John Staffer	Msens of Injury Injured at work?
0/1001-110-11	
Address cluberland und	23. SIGNATURE
10 Nec. 1/1047 West Tranh M.D.	M. D. or other
(Date rec'd by registrar)	Address O J. C. M. Date signed



DR. ELIASON Within corporate limits,

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10784

DURATION

CERTIFICA	ATE OF DEATH	Reg. Diat. No.
1. PLACE OF ALLEGANY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town)	
MEMORIAL HOSPITAL How long in hospital or institution? 4 HOURS	Street No. EAST STATE ST. (If rural, give LOG 2.(a) If veteran, name war.	CATION)
3. (a) FULL NAME WASKER DORIS ANN		3. (b) Social Security Number
FEMALE WHITE SINGLE	MEDICAL CER 20. DATE OF DEATH DECEMBER 1	TEFICATION 19 47 4:2
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2 2 0 hrs. 9. Birthplace. W a VA a Jella Alta, Jelston (Town, county, and atate)	and that Llast saw h	10 Qu-1 11
10. Usual occupation. 11. Industry or business 12. Name. 12. Name. 13. Birthplace W.VA., Jerra, alla 14. Maiden nama, KING, ANNA 15. Birthplace W.WA.	Dither conditions	
16, Intermant Address Addres	Autopsy results	death should be charged statistically till in the following;
18. Funeral director Della Martina Madress Jerra Alta, W. Vg. 19. Dec 10, 18 47 Lord Trautz, M.	23. SIGNATURE	M, D. or other

Registrar

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THE REPORT OF THE

EDWIG STILL MARLY

DEC 11 1947

MISIA THE

ALLEGANY COUNTY HEALTH DEPARTMENT CUMBERLAND, MARYLAND

INTER OFFICE COMMUNICATION

Date Dec. 10, 1947.

To: Dr. A. W. Hedrich 11 197

From: Dr. W. R. Frantz

Remarks:

Attached you will find the death certificate of Doris Ann Tasker, who died in Memorial Hospital, on December 1, 1947. This certificate was not received in this office until this morning. It had been mislaid at the office and wasn't signed by the physician in charge until December 8th. This is indirectly the fault of the hospital, the physician and the funeral director, with whom I have just talked. The latter wrote to the hospital this past week and asked why a burial permit had not been received and also enclosed the missing information for the certificate.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10785

CERTIFICATE OF DEATH

1. PLACE OF D	EATH:	llegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
COUNTY				
City or town	CUI	iberland iits, write RURAL and give nearest town)	Slate Maryland County Allegany	
(1f	outside city or town lin	nits, write RURAL and give nearest town)	Clly or lown. Cumberland	
How long in above place	ce of death?	5 Yrs 10 Mo 2 Days	Cily or lown	
Hospital, institution, i	or street address where d	ealh occurred:	Street No. 331 Frederick St	
**************************	Allegany Ho		(If rural, give LOCATION)	
How long in hospital	or Institution?	6 Hours	2.(a) If veteran, name war	
3. (a) FULL NAM	ME		3. (b) Social Security Number	
	Jaco	b Taylor	None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Married	20. DATE OF DEATH. December 6 19. 47 21. 6-30. A. M.	
& (h) Name of hughan	der wife Edi	th Hollingsworth Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
0.(0) Hame of massen	u ot wite	53	Dec. 6 1977, 10 December 6 1941	
7 Dish data of		6.(c) If alive, give ageyear	and that I last saw hum alive on December 6 19 47	
deceased (mo., day	yr.) Feb	ruary 4 1892	Immediate cause of death Subraneutranda DURATION	
8. AGE: Yea		Days If less than one day	Immediate cause of death	
55	10	2 hrs. min	Tachy card if	
			Tachycard myocardial dufantias The	
Cum	berland, Al	legany Co, Maryland	Due to (Dosterror wall)	
9. Birthplace	(Town, e	ounty, and atate)		
SB House pecupation	L	Janitor	(000, 100 De all 100 7/100	
		Cleaning	Due to.	
11. Industry or busing	530		Orknowle sta Heat docume	
12. Name		***************************************	Other conditions	
		berland Md	(Include pregnancy within 3 months of death)	
HLOW 14. Maiden nam	Jane	Williams		
E 14. maiden nam			Major findings of operations.	
15. 8irthplace		mberland Md.	Date of op.	
59 letormont	Henry T	aylor	Autopsy results	
			PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 331	rrederick	St, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17	Burial	Date thereof 12/9/47 (month) (day) (year)	22. VIOLETCE. II deali was all to another seasons.	
(Burial, crematic	DUTIAL on, or removal, Which?)		H T T T T T T T T T T T T T T T T T T T	
Cemetery or crema	tory Woodle	awn Cemetery	Where did Injury occur?	
location	Crambe	erland, Md.	Injured at home, farm, Industry, public place (where?)	
		lliam H. Kight Menns of Injury Injured at work?		
Address		and, Md.	Level & weeseen lus	
1	0	+ + +	23. SIGHATURE CICLO ST COLOR	
19. Dec. 9 19. 47 WR. Jants, M. D. (Date rec'd by registrar)		WR. Naula, M. D.	1 PR K O La & la law 1 1/2	
(Date rec u by		1		

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PLEASE WRITE

DEC 16 1947

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information carefull of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLEASE WRITE

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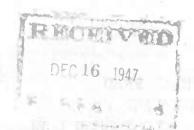
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10786

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGAMY City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. BOWLING GREEN (If rural, give LOCATION) 2.(a) tt veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
Baby Boy The 1s 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20, DATE OF DEATH. DECEMBER 12 1947 at 1:00PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from /2 Dec 19. 47. to /2 Dec 19. 47. and that I last saw h.l
8. AGE: Years Months Days It less than one day	Immediate cannot death DURATION Cereativity Que to.
1D. Usual occupation	Due to
THEIS, ERED 12. Name MARYLAND	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name KLOSTERMAN LOKIA MARYLAND	Major findings of operations
16. Intermant Frederick W. Theis	Actopsy results
Address Bowling Green, Cumberland, Md. Burial Date thereof Dec. 13, 1047 (Burial, cremation, or removal, Which?) Cemetery or crematory. Zion Memorial Cem.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Cumberland Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Charles L. George	Meens of Injury Injured at work?
Address Cumberland, Md.	23. SIGNATURE M. D. or other
19. Date ree'd by registrar Registrar Registrar	Address / 22 S. Courte St. Date signed & Dec 47

DR COOPER



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAL	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
How long in hospital or institution?	Street No
3. (a) FULL NAME Samuel L. D.	lowas 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widgred, or divorced Wedowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. 19.47 10.41
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw harmalive on the last sa
9. Birlhplace (Town county, and state)	min Della Jo
10. Usual occupation	Due to
12. Name Wessey Stronger 13. Birthplace	Diher conditions
14. Maiden name	Major findings of operations
18. Informant Man Sona Carrense Address Barlan , Ma.	Actopsy results
17. Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or accompany and an analysis and an	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
19. 12-28 (Date rec'd by registrar) 19. 47. Mus. Houley N. Registrar	23. SIGNATURE M. D. or other Address M. D. or other

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DEC 30 1947

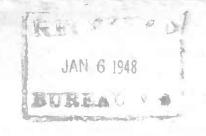
93d 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	Rog. Diat. No.
1. PLACE OF DEATH: County,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
grow do working	State Maryland County Megany
How long in above suce of death?	City or town
Hospital, Institution, or street address where pleath experred:	ININAL On Ilt. T
101 Trest Ham Street	Street No (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Solic aboth MED Yourddon Girls	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Obidowed	
Comme price segmented	20. DATE DF DEATH. 12 1.7 1947, at 2
B.(b) Name of husband or wife and fundable	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give ageye	ears
deceased (mo., day, yr.) Mar 24, 1874	and that t last saw h. 2alive on
8. AGE: Years Months Days If less than one day	Consestive Heart Jalino
73 8 23hrs.	
8. Birthplace Berk shire Scuttage	Due to a sterros leron
1 Town, county, and state)	Hypertension
1D. Usual occupation. A Truseworth	Due to
11. Industry or business Our Loval	
12. Name William Donaldson	Dither conditions
13. Birthpine Scottland	
# 14. Maiden name Cattherine Brown	(Include pregnancy within 3 months of death)
15. Birthplace Scotland	Majur findings of operations.
= 15. Birtinpiace + correction	Date of op.
16. Informant AMA JAMAGULL	Autupsy results
Address anaconing Allo	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Bate thereot. Hell (day) (year)	Accident, suicide, or homicide
4 4 10	
Cemetery or crematory	Where did Injury occur?
Location MASSAUW 15th	Injured at home, farm, Industry, public place (where?)
18. Funeral director. M. Jainthouse	Msens of Injury Injured at work?
Address Imagine and	60 0 0 0 0
1 de la constitución de la const	23. SIGNATURE Tunk Engene Mye, M.
19 Dec 19 1947 Janvetto M Goal (Date red by registrar) Registr	Los apprises Dala
(Date rec'd by registrar) Registr	rar Address Quantity Address Date signed 4

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1. PLACE OF DEATH:

How long in above place of death?..

3. (a) FULL NAME

Male

deceased (mo., day, yr.)

10. Usual occupation.....

11. Industry or business

12. Name...... 13. Birthplace

14. Maiden na 15. Birthplace

7. Right date of

8. AGE:

Allegany

Hospital, Institution, or street address where death occurred: 212 Thomas St.

How long in hospital or institution?.....

William Frank Violante

Jan. 6 1944

None

Dominic Violante

Boston, Mass. 16 Informant Dominic Violante Address 212 Thomas St. Cumberland

> Cumberland Md. Charles L. George

Italy

14

Mary Frammartino

St. Mary's Cemetery

Cumberland, Allegany, Maryland
(Town, county, and state)

White

Cumberland Maryland
outside city or town limits, write RURAL and give nearest town)

Single

. 6.(c) If alive, give age years

tf less than one day

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

10789

CERTIFICAT

E OF DE	ATH	Reg. Dist. No	4
2. USUAL RES	IDENCE (HOM	E) OF DECEASED:	
State Mary	kand	county Allegan	Y
	Cumberl	e nd	
(1:	f outside city or town	limits, write RURAL and give r	earest town)
Street No		Thomas St.	
	(If rura	l, give LOCATION)	
2.(a) ff veteran, name	me war	***************************************	
		3. (b) Social Securit	y Number
		Non	e
	MEDICA	L CERTIFICATION	
	D = =	20	7 1.250
		20, 19 4	
21. I CERTIFY thaf	death occurred on the d	ate above stated; that fatfended de	ceased from
		18 2 10 /2.	19/
aed fhaf I last saw i	halive on	12- 20	19.0.
Immediate Tause of	- 11 11 /	and Poera	DURATION
روي	elosaf V	oraquagua	272
	antile	11	> 2/10 -
Due to	suule !	porte	
Due to			
Other conditions	******************************		
(I	nclude pregnancy wi	thin 3 months of death)	
Major findings of	operations		
		Date of op	
Actorsy results PHYSICIAN: Piea	se underline the caus	e to which death should be charg	ed statisticafly.
22. VIOLENCE: 11	I death was due to exte	rnal causes, fill in the following:	-
Accident, sulcide, o	or homicide	Date ot	
Where did Injury o	ccur?(City or	town) (County)	(State)
Injured at home, fa	irm, Industry, public pl		
Means of Injury		Injured at work?	
1	N.U	Cheman	wee
23. SIGNATURE		М.	D. or other

he correct age information carefully. 国

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PLEASE WRIT

(Buriai, cremation, or removal, Which?) Address

202 Greene St. (Date rec'd by registrar)

Burial

Date (hereof Dec. 23, 1947)
(month) (day) (year)

Registrar Address Date signed 17/22/47



correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10790

CERTIFICATE OF DEATH

z. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) Of	F DECEASED:
County PICGHANY		A //QGANY
(If outside city or town limits, write RURAL and give nearest town)	0/ 1 1	write RDRAL and give nearest town)
How long in above place of death?		/ / = -
128 SPRING CALLE, ST	Street No. (Ifrural, give	19 d p L E S/
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME		3. (b) Social Security Number
LITTE VERNE	R	Hone
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
F W WIDOWED	20. DATE DE DEATH DEC, 25	19.47 al 7:30 A
6.(b) Name of husband or wife WAITER WARNER	21. I CERTIFY that death occurred on the date abo	
	Jef 19.	7 lo 19 1
7. Birth date of 7 - 1 7 1 000	and that I last saw halive on	1.11-
deceased (mo., day, yr.) # D. J. J. J. J. J. J. B. AGE: Years Months Days If less than one day	Immediate cause of death.	DURATION R IA-S
68 10 18min		J.X.
MURLEY BRANCH. Ind	Bue to Circlino Del	77
9. Birlhplace		
10. Usual occupation. House Wite	Due to.	1MA
11. Industry or business		£
12. Name CATT BRIDGE WILSON 13. Birthplace	Other conditions	X
13. Birthplace	(Include pregnancy within 3 r	nonths of death)
14. Maiden name JUDE BROWNING 15. Birthplace	Major findings of operations	
15. Birthplace		Oale of op
16. Informant EARL WAPNER	Autopsy results	
Address CumbERLANG, Ind	PHYSICIAN: Please underline the cause to wi	
17. Bu RIAL (Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	
Page 4://		
Cemetery or cremetery	Where did injury occur?	
Location Cumber WRNG Md.	Injured at home, farm, industry, public place (w	here?)
18. Funeral director Lotte 1'S S / EIN, TNC.	Means of Injury	injured at work?
Address CumbERLAND, md.	23. SIGNATURE	lours had
19 Dec. 26 1847 Note Quet, Me	13. SIUNAIUNE	M. D. or other
(Date rec'd by registrar) Registra	r Address O	Dale signed

ALCOHOLD WHITE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

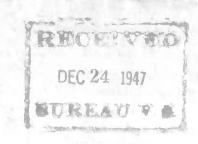
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CERTIFICATE OF DEATH

Reg. Diat. No....

O S	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)
BEU)	County	State maryland County aflegany
D. T.	City or town	City or town Comberland
fully	How long in above place of death?	(If outside city or town limits, write RURAL and rive nearest town)
carefully arly and	Hospital, Institution or Freet address where death occurred:	Street No. 126 CIT TURN, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
tio h c	3. (a) FULL NAME	3, (b) Social Security Number
information care of death clearly	Joseph Lawrence &	teles/ 214-05-6383
	4. Sam 5. Egfor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tem of	male white married	20. DATE OF DEATH. ALC 13 19.47 at 10.55 M
7 0	6.(b) Name of husband or wife alice Pattine Willer	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
every te th	7. Birth date of	and that I last saw h. Commune on 12-13-19 44)
	deceased (mo., day, yr.) / 18 18 1900	Immediate muisof death DURATION
ppl e w	8. AGE: Yeare Months Days If less than one day	Baling Line
Suleas	47 5 25nrsmin.	
NK. Supply 11: please wr	9. Birthplace (Town, county, and state)	al Ha
	10. Usual occupation	Ous to
20	11. Industry or business growing store	
Phy	12. Name Jaseph In . It elec Ond	Other conditions The Transfer of the Conditions
WITH UNI		(Include pregnance within 3 months of death)
Tta I	HE 14. Malden namelly and during 15. Birthplace	Major findings of operations.
WIT	15. Birtholace Sumany	Bate of op. None
	and any states	Aptonsy results. Tronk
LY	16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
LAINLY, especially	Address Compression .	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, sulcide, or homicide
E P is	Cemetery or crematory at manys mil Park	Where did lajury occur?
WRIT	Location Com Arsland	Injured at home, farm, Industry, public place (where?)
B	your Stone Ing.	Meane of Injury Injured at work?
SE	18. Funeral director.	THE Bling
EA	Address mytering	23. SIGNATURE.
PL	19 Dec 15 1947 W. K. SYAMAZ, Registrar	wellende lend wind 12/15/47
	(Date rec'd by registrar) (Registrar	Address



Laton L. A.

State

Reg. Dist. No ...

(If outside city or town limits, write RURAL and give nearest town)

	2411 N. Char
	CERTIFICA
1. PLACE OF DEATH:	
County. alle	gaccey.
City or town(If outside city or town	limits, write RURAL and give nearest town)
How long in above place of death?	Aboling Deliver 47.
Hospital, Institution, or street address where	e death occurred:
	p Drive
How long in hospital or institution?	
3. (a) FULL NAME	1 11 10
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced
	1 1 1
1-010-0	
6.(b) Name of husband or wife.	leen A. Wilson
7. Birth date of deceased (mo., day, yr.) explicit	miles 19, 1866
8. AGE: Years Months	Days It less than one day
81 3	16hrsmin
9. Birtholace Me Careley	W. Va.
Mac	n, county, and state)
10. Usual occupation	1-1 - 1 mars 2
11. Industry or business	3
12. Name	1. 7/0
	Park Brende
14. Maiden name E. Light	1911 Y
≥ 15. Birthplace	00:00:
16. Informant // Cos & Cos	aliet Bills
Address	www
11 Durial.	Date thereof. Janua 1 / 143
(Burial, cremation, or removal, Which	(month) (day) (year)
Cemetery or crematory	-111 7/c
Location	- 0.02
18. Funeral director. Called	rarth BBoal
Address Wistern	yort. med
, Dec 30 ,4-	a Bayenbaker M.
(Date rec'd by registrar)	Registra

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MARGIN

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· Air	(If rural, give	e LOCATION)	
2.(a) If veteran, nam	ie war		
٠.		3. (b) Social Securit	y Number
20. DATE OF DEATH		ERTIFICATION	7 5:4
Ow	eath occurred on the date ab	ove stated; that attended de	ceased from
Carries	oma of br	east	3 ms.
with	mitatalle to 1	ungs	

Due to			
	***************************************	***************************************	
Dther conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********************************	

11	clude pregnancy within 3		
		Date of op	
Antopsy results PHYSICIAN: Pleas	e underline the cause to w	vhich death should be charge	ed statistically.
	death was due to external ca		e la
Accident, suicide, or	homicide	Date of	
. Where did Injury oc	cur?(City or town)	(County)	(State)
		where?)	
Msans of Injury	2	Injured at work?	
	15 -		7 ,
23. SIGNATURE	noman,	Reure,	m.h
Address Color	lermper	1. M. Date signe	1045U

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

JAN 2 1948